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# THE AMERICAN JOURNAL OF NURSING

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NO. 1

## FEEDING AND THE USE OF RESTRAINT IN CARING FOR THE INSANE

By FLORENCE HALE ABBOT, M.D.

Resident Physician, Taunton Insane Hospital

### FEEDING

NO SUBJECT should receive more careful attention from the nurse who cares for insane patients than the proper administration of food. As a general rule the patient does not gain mentally until his nutrition becomes satisfactory. Many cases seen by a nurse in private practice are in acute stages of mental diseases before they are sent to the hospitals or sanatoriums. These cases may be grouped in two classes, maniacal or excited, and melancholic or depressed states.

In excited cases there is a great deal of activity of both mind and body; the patient talks, sings, or shouts almost continuously, and displays marked motor restlessness. It is often difficult to retain the attention of this class of patients long enough for them to eat a sufficient meal; yet the need of nourishment is imperative, as there is much waste of tissue from their intense activity, and the nurse should feed often in small quantities food easily assimilated and of high nutritive value. Cocoa, milk, koumiss, egg-nogs, meat or chicken broths, beef-juice, custards, and plain ice-creams are indicated. Accurate records should be kept of the amount of nourishment taken in order that the physician may judge if a sufficient quantity be given. Plenty of water should be given in these cases in order to stimulate elimination of the waste products of the system. Patience, firmness, and tact are much needed to persuade the patient to eat properly. When solid food is given see that the patient takes times to chew it properly. If he show a tendency to bolt it without mastication, it is best to withhold all but liquid nourishment.

The second class of acute cases of insanity presents a different prob-

lem. These patients are almost always suicidal in their tendencies, and either much agitated or in a profound stupor. They will often come under the care of the nurse when they have refused food for days and when they are in a very weak and critical condition. They may refuse food either because of the delusion that it is poisoned or from a desire to starve themselves as a means of ending a life which has become intolerable. In stuporous cases it may be impossible to rouse them to swallow or to chew food. Nourishment is of the highest importance, and if they can be induced in any way to swallow, they should be fed as frequently as are maniacal cases. Should they refuse food entirely, they must be fed artificially, as described later in this article.

The chronic cases of insanity present a different problem. In dementia following more acute mental illness there is often an inordinate appetite and entire lack of judgment as to the amount they should eat. These patients should be watched closely to see that they do not overload their stomachs with poorly masticated food. Any dietary which is simple, well cooked, free from rich pastries and heavy or highly seasoned food, may be given in reasonable amounts. Plenty of raw or stewed fruits and vegetables are a necessary part of this dietary in order to avoid constipation, which is always to be looked for in these cases.

In feeding patients in the more advanced stages of dementia, and also in the demented stage of general paralysis, extreme care must be taken not to give solid food unless it be very finely divided, as they are very likely to choke to death by the passage of food into the larynx. They have poor control over the muscles of the œsophagus or suffer from partial paralysis of the throat muscles as a general rule. It is safest to feed only liquids and semisolids in these cases; even bread should be very thoroughly softened in milk or eggnog and fed very slowly. A nurse or attendant should not leave these patients alone at mealtime, as choking may occur at any moment, and only instant attention will save life if this accident occur.

In other chronic cases, especially where there are many delusions, food may be refused for years. In these cases, as in the acute depressed forms of insanity, artificial feeding must be resorted to and kept up faithfully, sometimes for years. One such patient was fed for nine years before he became willing to eat in a natural manner. Many patients suffering from alternate phases of exhilaration and depression eat heartily in the excited stage but refuse food in the depressed stage. Such patients frequently alternate between three and four months of artificial feeding with a like period of normal nourishment. In delusional cases it is well never to give medicine which has any taste with food, as it gives ground for delusions of poisoning.

Artificial feeding may be accomplished by the use of a stomach-tube passed either through the mouth or the nose. A tube, if it is to be passed through the nose, should be smaller than the regulation stomach-tube. A soft, long rectal tube is often used for this purpose. For patients whose noses are tender or the orifice small it may be necessary to use a urethral catheter. Except for æsthetic reasons it is preferable to feed through the nose, as all danger of the patient's biting the tube is avoided and the use of mouth-gags is rendered unnecessary.

To feed through the nose, place the patient in a recumbent position on the back, have an assistant hold the hands firmly, protect the patient's clothing by means of a sheet or towel, and have everything necessary for the feeding at hand. The tube should be lubricated with clean vaseline or sweet-oil and passed gently through the nose and down the œsophagus, the patient being urged to swallow it. When it has passed far enough, place the finger at the end of the tube to see if by any mischance the patient breathe through it; if so, withdraw at once and reinsert the tube. If breath come freely from the other nostril and the respiration be easy, it is safe to continue with the feeding. Attach to the free end of the tube a funnel or a clean Davidson syringe, and either pump or pour the feeding into the patient's stomach by this means. If he should attempt to regurgitate, a hand placed firmly over the epigastrium will generally prevent the effort from being successful. When the feeding is accomplished remove the syringe or funnel, pinch the tube to prevent flowing back of the food remaining in it, and withdraw slowly and steadily.

Feeding by the mouth is accomplished in much the same way, except that it is necessary to insert a secure mouth-gag before attempting to pass the tube. This is often very difficult when patients resist, and there is much danger of breaking a tooth or of the nurse or physician being bitten.

The foods used for tube-feedings should be varied in character if this method is to be employed long. Milk, plain or peptonized, beef-juice, chicken-, meat-, and clam- or oyster-broths, eggs beaten up in milk, clear soups, and occasionally thin gruels may be given. The amount in twenty-four hours should be equivalent in nutritive value to what would nourish a healthy patient. At least two quarts of milk are needed, though if eggs be put in a less amount of milk may be used. This amount must be divided and such a portion given at each feeding as will amount to the total during the twenty-four hours. Water should be given if the patient will not take it otherwise.

The feedings may be given twice or three times in twenty-four hours, or in smaller quantities oftener if the stomach be not strong



enough to care for a large quantity at one time. The temperature of the feedings should be warm, not hot, at about 90° to 95° F. Food fed in this way is not warmed by the bodily heat during the passage through the œsophagus, as in the normal method of eating. To avoid chilling the stomach and delaying digestion some slight warmth must be imparted to the food before its administration. Liquid medicines, laxatives, hypnotics, or stimulants may be given as needed through the feeding-tube at the time of the meals, as the patient does not taste them when fed in this way.

Rectal feeding may be necessary if the stomach be intolerant of food, as in cases of profound exhaustion, and in some cases of paralysis of the throat where passage of the tube is attended with serious difficulty. Rectal feedings are seldom given oftener than four times in the twenty-four hours. Predigested foods are preferred, as peptonized milk, eggs and milk, beef-juice, and so on. It is not necessary to describe this manner of feeding the insane, as it is a recognized therapeutic measure in cases of serious gastric disturbance in the sane, the methods employed being the same.

(To be continued.)

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## THE FLOATING HOSPITAL OF ST. JOHN'S GUILD, NEW YORK CITY

By SARAH BESSIE PALMER  
Chief of Trained Nurse Department

THIS is the day of the recognition of the germ, and not infrequently the discovery of the germ-root is the result of the study of effect, and from it, working backward, we reach the germ of cause.

I have been asked for a sketch of the "Trained Nurse Department" of the Floating Hospital of St. John's Guild, New York City, and surely this would be incomplete without a peep into the early history of this unique institution, and the demonstration of the germ incident from which it sprang.

In July of 1873 Mr. George F. Williams, then city editor of the *New York Times*, sent his family into the country, and one day as he was crossing the City Hall Park on his way from the Grand Central Station he saw five little children under a tree nearest to the fountain, and heard one of them say that they were "playing they were in the country." His ear caught the words, and his heart recoiled them, and he mentioned the incident to Mr. Jennings, the editor, and together they



THE CRIB-ROOM



WARD 8



wrote an editorial, "Why Cannot the Poor Children go to the Country in the Hot Weather?" To this the public responded, and the "Fresh Air Work" started.

Mr. Williams's first step took the form of barge excursions for newboys and bootblacks—types of the "gamin" to whom mischief and rough play are apt to be assigned as prominent characteristics; sentiment, solicitude, tenderness, and care of others are not usually credited to the noisy small boy. What, then, were the sensations of surprise when a ragged urchin approached Mr. Williams, hat in hand, saying, "Say, Boss, dis is fine for us, but what about me little sister, de kid, what's sick?"

The small boy sociologist had unconsciously laid bare the germ of the Floating Hospital, where "de kid what's sick" is the one to be cared for.

The need, the want thus exposed, had to be met, and it was. The idea was acted upon, and on July 19, 1876, the first trip of the Floating Hospital was made.

For eleven years three trips were made each week, and then there came forward movements in many forms. More trips were added, and the salt-water bathroom was thought of and established by the Hon. John P. Faure, ex-Commissioner of Charities of New York City and chairman of the Floating Hospital Committee for the past twenty-five years.

The trained-nurse department came into existence, small, to be sure, at first—one nurse one day in the week on one boat as an experiment. Need it be told that there was but one direction in which such a measure could move, and from that to a department comprising thirteen graduate nurses six days a week the growth was both rapid and steady, and it is my great privilege, after five-years' experience, from assistant to chief of the nursing department, to undertake a description of its functions.

At the present time there are two Floating Hospitals—namely, the Emma Abbott, No. 1, and the Helen C. Julliard, No. 2, which accommodate daily three thousand mothers and infants: one hospital on either side of the great city of New York, and each perfectly equipped for the work for which they are intended—namely, "the care of the sick and destitute poor of the city!" They are put in commission early in July, and continue during the scorching summer months far into September.

There is no training-school connected with these hospitals, but each department is under the direction of a graduate nurse and assistants—namely, wards, upper deck, quarantine, salt-water bathroom, and milk department.

All employ  s are on duty at six A.M. daily and receive their three meals on board: the staff dining-room is in the neatly fitted cabin built for that purpose on the main deck in the bow.

There are three landings daily on each side of the city and in Brooklyn. The first is made at eight A.M., and as the hospital approaches the pier one sees in line hundreds of anxious mothers carrying the sick children, who have patiently awaited the approach of the hospital for some time, for many leave their homes very early to get out in the free, open air.

Each mother presents a ticket containing the name, address, age, and diagnosis signed by a physician, and often the treatment given. In such cases the same is carefully carried out by the hospital physician, thus avoiding any harm by change of treatment.

These cards of admission are obtained at all dispensaries and hospitals and from most physicians in the city. The little patients undergo two examinations, first by the representative of the Board of Health; then they are passed on to the hospital physician, and by him are sent to the different departments—all done by the ticket system.

No contagious cases are admitted; therefore, should they be discovered by the physician of the Board of Health on the pier, they are turned aside, name and address taken, and the case is reported; should, however, a case be discovered on board during the day, it is immediately isolated in the quarantine ward and the necessary care given. The head nurse stands at the head of the gang-plank to direct whenever necessary.

All cases which are too ill to be sent to the upper deck are immediately given either a dispensary or ward ticket, and between landings receive a re  xamination by the hospital physician, who prescribes accordingly. Many cases come daily or as often as is necessary for the benefit of the sick child.

Two rounds are made daily in the different departments, and any case which might have developed during the day is given attention.

All deck cases receiving medicine are marked with tags bearing the name of the medicine, time of administration, and dosage. Either the nurse in charge of the department in which the case occurred gives the required medicine, or, if the mother is sufficiently intelligent, she is allowed to give it herself under the direction of the nurse. Each patient receives a separate bottle and spoon. Each family in the morning on entering the hospital and again during the noon hour receives a ticket bearing the number of children or adults who are entitled to receive milk, and these tickets are presented at the milk department at ten A.M. and two P.M., when fresh, cold milk is distributed.

DOCTOR AND NUNNIES MAKING ROUNDS ON THE UPPER DECK OF THE EMMA ABBOTT





CHIEF NURSE LECTURING TO MOTHERS' DIETARY CLASS

Especial care in the feeding of infants is one of the important features of this milk department. Many formulas are prepared under the supervision of a graduate nurse. The infants are furnished with a different bottle at each feeding; formula, amount, and time is indicated on the ticket prepared by the attending physician on the pier; then the time of last feeding is marked on the ticket by the nurse when the food is given to the mother, thus teaching the importance of systematic feeding.

Instructions of one hour are given tri-weekly by the chief of the nursing department to young mothers, half of the time assigned to the lecture being devoted to the care of infants, preparation of foods, etc., and the remaining half hour is given them for asking questions, and I can bear testimony that they show thought and an intense desire for better living.

At the noon hour anchor is cast twelve miles down the bay and one mile from shore, practically at mid-ocean, and full benefit of the sea-air is obtained. Opposite this anchorage is the Seaside Hospital, to which the severe cases needing constant attention are transferred, always accompanied by the mother, who remains indefinitely, at the discretion of the hospital physicians.

The electric water ambulance is always on the alert, and comes promptly to the rescue in transferring the sick infants and tired mothers as soon as anchor is cast.

There is a dining-room belowstairs with a seating capacity of three hundred and fifty at one meal. Here all mothers and children are given a hot meal at the noon hour.

At three-thirty P.M. the anchor is raised and the hospitals return to the city, landing all at their respective piers, children improved and mothers wiser for the day's trip.

During the past season eighty-one thousand five hundred and fifty-four mothers and children were carried, sixteen thousand seven hundred and twenty-six medicated baths given, and five thousand and thirty-one cases were under treatment.

The warm-hearted public of New York City has proved its interest not only by personal contributions, but by many endowed beds in the wards.

If there is one department that stands out above another, it is the salt-water bathroom. This is under the supervision of a trained nurse, and many assistants who speak different languages. This room is fitted up with six porcelain tubs for infants and twenty-five spray baths for older children and mothers. The salt water is heated at any temperature desired and forced from the bay by means of machinery espe-

cially adapted to that purpose. All kinds of medicated baths are given as well when ordered by the hospital physician with fresh water, working in the same manner.

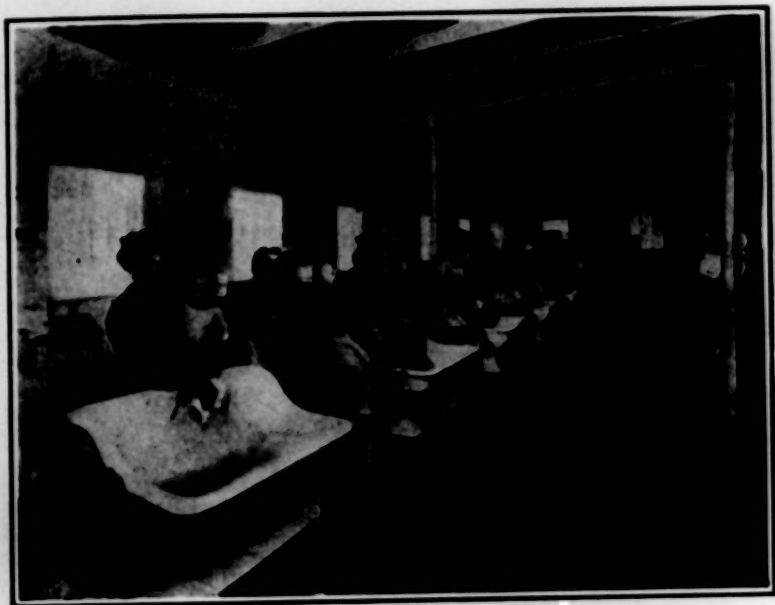
The lessons of the bathroom, the careful instructions given to mothers and children, cannot but bear fruit for generations to come. No baths of salt water are given until the hospital is well down the bay, thus avoiding the stagnant waters around the city. It will doubtless be seen that this department has become an educator among the tenement poor.

I think I have given a fair idea of the work of the Floating Hospitals; but let me add one more and a most important one, the care, guidance, and instruction of "little mothers." These little girls, children only from six to twelve years of age, whose faces already show signs of care and responsibility, appeal to the thoughtful. These are the cases receiving special instruction and attention—the little mother of ten years, with infant in arms, many times two or three other children following, whose mother is ill in some hospital or toiling hard to support the family, but who knows well that her little ones are carefully protected on "The Floating Hospital," and then we see the happy father, who after a hard day's work comes to meet his family at the pier on the return trip, delighted to see the change for the better in his children. And again we see the anxious father meeting the hospital upon the return trip to inquire after his very ill child, who had been left at the Seaside Hospital with its mother.

Among the hundreds of women there are many pitiful stories poured into the ears of the nurse on the upper deck, and they are listened to with patience. Then the name and address of the woman is taken and given to one of the district visitors employed to look them up in their homes, and, if worthy, the case receives attention from the city.

I leave you, my reader, to draw your own deductions of the benefit of the work done on board these hospitals during the busy days, all of which are too short, and you can't help but be impressed with the fact that they are hospitals, and not excursions.

Surely such institutions of mercy cannot die, but must live on from generation to generation, growing stronger and broader in many lands, among people of various tongues, and perpetuate wherever existing an ever-living memory of their founders, who through their infant life guided them through many struggles, and have brought them to such perfection. Truly has it been said, "A little child shall lead them."



SALT-WATER BATH-ROOM ON THE EMMA ABBOTT







## POINTS ABOUT THE PRIVATE NURSE

By ANNA A. DAVIDSON

Graduate Presbyterian Hospital, New York City

(Continued from Vol. III., page 940)

### SECOND PAPER—THE PERSONALITY OF THE NURSE

Nor long ago I was discussing the question of nurses with a doctor who criticised them very severely. Being driven into a corner in my defence of them, I finally asked him in desperation, "Well, what *do* you consider the all-important attribute of a nurse?" He paused a moment, and then, with a laugh, confessed, "Her personality." Do we not often hear people say a certain nurse is all right during extreme illness, but that they beg to be delivered from her during convalescence? Anyone who has ever had anything to do with a nurses' register knows of the frequent requests for an attractive nurse, a young nurse, a pretty nurse, and although the age and beauty is beyond our control, the attractiveness is not always, and the nurse who possesses it or acquires it need be neither youthful nor pretty to bring sunshine into a sickroom, and she will always be in demand.

Let us begin with her appearance. Of course, it is an indisputable fact that she must be neat, but many carry even that too far. Should a nurse draw her hair smoothly back when it is more becoming loose, especially if the latter is the prevailing fashion? I know of one patient who was very much annoyed by her nurse's hair being crimped and held down on her forehead with a net. It was neat, to be sure, but prim, and at a time when everyone was wearing a pompadour "got on the nerves" of a dainty woman who liked everything pretty.

A nurse should always dress well, but never gaudily, when going to and from her case, for no one wants a dowdy-looking nurse coming into the house, and the street-clothes need as careful attention as the uniform. "The idea of a nurse thinking about her looks! I should think her mind would be on higher things," once said a lady to me. I promptly told her it was a part of my profession, for sick people are very critical, and often their first meeting with the nurse is in her street-clothes, and first impressions go far towards a permanent opinion.

The nurse who pares her nails down to the quick loses sight of an important point: her hands come constantly before the patient's eyes, and should be kept soft and the nails nicely trimmed and manicured. It is essential that a private-duty nurse should be well read in current fiction as well as the standard authors; she should go to the theatre as often as possible, listen to music, visit art galleries,—in fact, keep up

with all the passing events of the day,—in order to be able to converse freely on all subjects. No opportunity should ever be lost to learn; whether it be a subject that interests her or not, she should make a point of storing it away in her mind for future use.

The nurse who each time she finishes anything drops into her chair and becomes absorbed in her book is decidedly annoying during convalescence. That time is just as essential to the patient as when he is tossing in pain, and is the time when the nurse's personality counts for much. She must learn to accommodate herself to circumstances, and she who learns to turn her hand or mind to the whims of the patient, whether it be gardening in the window-box or playing cards, is invaluable.

There are houses where the nurse is needed just as a nurse, and where it is her place to obliterate herself as much as possible outside of her professional duties, and perhaps later in the same house she has to bring forth her personality, enter into the family as one of themselves, act as a balance-wheel to a nervous, excitable family, or bring forth her entertaining powers as a companion.

Can all nurses do this? Can we always forget ourselves enough not to join in a conversation when we are not wanted (and have the intuition to know when we are not wanted), or overcome our own depression enough to cheer someone else?

Above all, can we not all of us cultivate a personality that will please and entertain others, for surely at times entertaining is as much our work as nursing?

---

## A DAY'S WORK OF THE DISTRICT NURSE\*

By MAE L. CLEAVES

Head Nurse, Newport, R. I.

IN accordance with a request made by the Charity Organization for some information in regard to the district nursing done by the Newport Hospital I have prepared the following paper:

The district nurse begins her work at seven A.M. and visits the patients in the order of their needs, and not in the order which would suit her own convenience and enable her to finish her day's work with the most speed. Our work includes medical, surgical, and obstetrical cases.

Taking the visits of one day for example, the nurse began her work

\* A paper read at the Annual Meeting of the Charity Organization Society, January 20, 1902.

by visiting a young girl who was ill with pneumonia. On the previous night a call came from one of the physicians at about eight o'clock asking us to visit this child in the morning and put on a "pneumonia jacket," a garment made of cotton wadding for the protection of the chest. Instead of waiting until morning the jacket was made at once, and the district nurse, accompanied by one of the nurses who had been on day duty, went to apply it. The nurse carried sufficient broth and gruel for the night. As the child had quite a high temperature and there was no one to care for her except her father, the nurse made this her first visit in the morning. More nourishment was carried for the child and given her when the nurse arrived. A sufficient amount was prepared, so that the father could give it every two hours during the day. The child was given a partial bath, hair combed, back rubbed, and mouth washed. Then the bed was made and the room put in order. For some time the nurse visited this patient twice a day.

The next visited was a mother with a little baby. There were five other children in the family, all cared for by the father and a brother of the patient, a young man who was out of work. The father was a laborer and had work only part of the time. The house was in a very uninhabitable condition. There were but two rooms downstairs and one or two above. The furnishing of the front room consisted of a bed, a broken rocking-chair, one common chair, a table, and a bicycle. The kitchen, quite a large room, was furnished with a cook-stove, table, three chairs, and a clothes-horse. Several panes of glass were out of the windows, and various articles of cast-off clothing were used to keep out the cold. After a few days, however, the glass was put in by the landlord. The dishes were odd bits, nicked and cracked. The kitchen fire was invariably lighted with kerosene, and the odor of this was never out of the house. The children's clothing was more especially dirty than ragged. Here the nurse turned her attention first to the mother, giving a partial bath and changing the clothing. The baby had to be washed and dressed, its eyes carefully bathed, and mouth washed. The other children had to have their faces and hands washed and hair combed. Then the rooms had to be put in order and the mother and children given breakfast if that meal had not already been served.

In this case the mother did not have sufficient clothing for the baby, so the nurse took the necessary articles from the loan closet, which were left until the mother got up and was able to provide them.

The washing for the family in such cases is usually done by some friend or perhaps by some member of the household, and occasionally we have to look up someone to do it. If the clean clothing is not ready one day, it can generally be had the next. In some cases the mother will send

to the store to buy a sheet or a pillow-case so as to have a clean one to put on the bed, and the nurse turns her attention to some other part of the work until the necessary article arrives.

The next visit was made where the family were in more comfortable circumstances. The patients here were a mother and baby. A young woman, sister to the mother, kept house and took care of the two older children. The house was comfortably furnished and everything necessary for the mother and child was provided. As they were expecting the nurse, the water was hot, a change of bedding ready, and garments for the baby hung before the fire to warm. The usual toilet of the mother and baby was made. Here it was not necessary to do much about the house, except to put the patient's room in order. The husband was a laborer, having work only part of the time in winter but steady employment during the summer months. As a rule the friends of the patient are very ready to help the nurse in her work and show much interest in what she does to make the mother and baby comfortable. The cases are very rare where the nurse is not welcomed as a helper, and in families where they objected when it was first proposed that a nurse should visit them, after a few days her coming is anticipated with pleasure.

After leaving here the nurse visited a family where there were four besides the new baby. The oldest child, a girl about eleven years of age, with the help of the father did the work and cared for the patients. The father was a laborer, and as he had work at the time, which was not expected to last long, they did not feel that he could leave it, so they were getting along with some help from the neighbors. The father did the cooking evenings and the washing Sundays.

The next visit was made at one of the more pretentious houses in town. From the external appearance one would expect to find the inmates with comfortable surroundings, but, on the contrary, the house was scantily furnished. The kitchen, a living-room, showed signs of the father having prepared a hasty breakfast for himself and then gone to his work. There were remains of the breakfast left to keep warm on the stove, for the children to help themselves as they chose. The soiled dishes were scattered over table and sink. The floor was littered with playthings, chips, coal, and crumbs. The stove was covered with dust and ashes. The children, four in number, were dressed for the day, but their hair had not been combed and their faces and hands were dirty. Upstairs things were no better. The mother, who was ill, explained that the children had been tearing round at play. "There's no one to manage them now that I'm in bed and *his* at work," she said. After making the mother and baby comfortable, the nurse devoted her time to the children. Breakfast was served and the house put in order. The chil-

dren can help at this and do very well at washing dishes and sweeping while the nurse is by to encourage them.

These people in sickness generally depend upon their neighbors, who, as a rule, are exceedingly kind, and a great help to those who are for the time more needy than themselves. It is the woman downstairs who does the washing or the neighbor across the way who brings in a bowl of gruel, a cup of tea, or a bit of toast, or gets the children's dinner, or does any of the numberless things one may do for another.

These people understand one another's needs and anxieties and offer assistance which is of great value to their friends.

One lamentable thing which is found occasionally is the lack of preparation in cases where a little one is expected. Several times it has occurred that the nurse had to return to the hospital for clothing for both child and mother, and all because of simple shiftlessness.

On an average a nurse can make about nine visits a day. Sometimes as much as an hour and a half is required to do all that is necessary to make the patient comfortable, and in other cases much less time is needed.

Besides obstetrical cases we have another class of patients, the aged and those who are ill with some chronic disease. The assistance rendered these people is of really greater benefit than that given the first class. For a number of months the district nurse visited an old lady every day. Sometimes she felt too weak to have anything done for her, but on other days she would allow the nurse to comb her hair, bathe her face and hands, or give her a full bath. Frequently the nurse would read aloud to her for a little while. Although the service given by the nurse was so trifling, it added much to the patient's comfort, and the daily visit became an event to which the old lady looked forward with much pleasure. Some simple dessert, fruit, or flowers invariably formed a feature of the visit. Some days magazines or illustrated papers were carried, and the patient spent many a pleasant hour looking at pictures.

We have cared for several phthisical patients, and in these cases the nurse not only works for their comfort, but teaches them and other members of the family how to protect themselves from the disease. Special stress is laid upon the importance of fresh air, sunshine, nourishing food, and disinfection. Too often a phthisical patient is found shut in a little, overheated, badly ventilated room, with several other members of the family, no attention being paid to ventilation. The food served for the family either does not appeal to the capricious taste of the invalid, or the appetite may have been spoiled for some eagerly desired dish by the odor of the cooking food. To these patients the nurse carries that which they especially crave, varying the food as much as possible. At



present we have one patient who is fond of oyster-broth or stew; another who prefers clams or some meat-broth. Recently we had a patient who cared for nothing but Malaga grapes. In summer ice-cream is very acceptable. Occasionally the nurse prepares this in a small freezer and carries it packed in ice to one or two patients.

If the invalid be in bed, she is given baths frequently, and special attention is paid to the back and parts upon which pressure comes to prevent bed-sores. The bed is made, patient's clothing changed, and hair combed. The room is swept and dusted.

The work is carefully supervised by the head nurse, who visits the patients once a week to oversee the work done by the district nurse and ascertain more clearly the condition of each patient. Special cases are also visited at other times. These visits average six hundred a year.

Often special appliances, such as air-cushions, hot-water bottles, head-rests, etc., are loaned from the hospital and returned when the patient has no further use for them.

As it is not practicable to have the same nurse visit all classes of cases, two nurses are employed in district work. The nurse having the septic cases must not visit the patients who are cared for by the other nurse; therefore, although there are calls to be made on Washington Street and others on Wellington Avenue, both nurses may have to travel this distance, and since the most needy are visited first, the trip often has to be made twice. If the nurse be able to ride a bicycle, considerable time is saved going from house to house. Wheels are furnished by the hospital for the use of the nurses on district work, and in some instances a teacher has been engaged to enable them to learn to ride. Car-tickets also are provided. For night-calls a carriage is frequently ordered if the hour be late or the weather very inclement. Two nurses are always sent in answer to calls that come after seven P.M.

No nurse is allowed to respond to calls from the doctors while she is out about her work. Anyone wanting a nurse must apply to the hospital. However, in case of an accident or emergency, if the nurse were called upon, she would do what she could and report the case upon her return to the hospital. Orders which a physician wishes the nurse to carry out are either left in writing at the home of the patient or given through the hospital. In some instances the nurse has to leave a brief account of the condition of the patient at the time of her visit or make note of some symptoms. Upon her return to the hospital the condition of each patient is reported to the head nurse, and such conditions as indicate anything unusual are reported to the superintendent and then to the physician in charge of the case. A daily record is kept of all the out-service. Each nurse writes an account of the visits that she has

made during the day. They are entered with the date, number of visit, class, whether medical, surgical, or obstetrical, the time of arrival and departure, a summary of the work done, and an item of what was carried from the hospital, whether food, flowers, books, or clothing.

The nurses are not allowed to receive money or any gifts from their patients, and only in case of spending a day or more continuously on out-service would she be permitted to receive food. Nurses on out-service must wear the uniform of the school. If a call come at five or six A.M., unless she has a full day's work before her the district nurse answers this; it may be that she may have to spend four or five hours at the house, thus making her so much later in beginning her regular work for the day. The nurses are not allowed to give personal aid to needy people. If there be immediate need of food, the nurse returns to the hospital at once, gets sufficient food to last until the proper authorities have been notified, and sees that the patient is fed. If bedding be needed, it is supplied temporarily from the loan closet and the case reported. The same course is followed in relieving any need of the families visited.

The special attention of the nurse is, of course, turned towards the one who is ill, and for the time being that one is our patient as much as those within the hospital. Nourishing food in such form as the patient can take is carried if for any reason it cannot be prepared or furnished at home.

Although it is at quite an expense that this work is carried on, it is the hope of the hospital to do more for the sick poor outside as well as within its walls, and we are glad to know of any needy case, either of the aged or infirm, where the services of the nurse would be a help. Although this work is a trifle outside of the regular course of hospital affairs, the charter of the Newport Hospital is sufficiently broad to warrant the expenditure of funds for this purpose. In November, 1901, the district nurses made four hundred and four visits, and the number of visits for last year was about thirty-eight hundred, with thirty-seven days' service. The number of families visited during the year was two hundred and eighty. Quoting from the first report of the superintendent, made in 1886: "So far as practicable, the nurse endeavors, in these homes, not to free the inmates of responsibility for their sick, but to share it, to direct their efforts, teaching those unaccustomed to such duties methods of which they know nothing, thus providing for better care of the patient during the absence of the nurse and in cases of future illness they may meet."



## EMERGENCY WORK OF THE PRESBYTERIAN HOSPITAL, NEW YORK

By ANNE STEWART RUSSELL

To MEET the demands of an active ambulance service the ground floor of one section of the hospital is fitted out as an emergency and receiving ward.

This ward is in two divisions, one being for men, the other for women and children. Each division consists of a room where the various dressings are done and in which beds are kept ready for patients brought in on our ambulances, of a waiting-room, and a bath-room.

Common to both is a small operating-room, where much minor surgery is done, a room where patients may be isolated if necessary, a linen-room, drying closet, and a splint-room, where splints of various kinds are kept, also crettdus, fracture-boards, cradles, etc., etc.

In connection with this ward is an examining-room, where patients desiring admission to the regular hospital wards are examined by the physician or surgeon on duty for that purpose—a nurse always being present during the examination of female patients.

We have also an X-ray room, where all cases of fracture are systematically examined on admission and once a week afterwards until discharged cured. Here too, daily, treatment is given to cases of cancer which may be benefited by the X-ray light. The Finsen-light treatment is also given in this ward, three afternoons a week being devoted to this purpose.

The number of patients treated daily in the emergency ward varies from seventy-six to one hundred and fifty, the larger attendance being during the summer months. Any case of accident or other emergency is admitted here at any time of day or night and the necessary relief or help given, but for anything beyond this first treatment we have an open clinic from nine A.M. to one P.M. to which all patients needing further or continued aid come on appointed days, the frequency of their visits and the interval between each depending on the extent or severity of their injury.

The work for the morning hours is divided as follows: Monday, Thursday, and Saturday the greatest number of surgical dressings are done; Tuesday and Friday mornings are given up almost wholly to working on fractures; Sunday and Wednesday mornings to urethral and rectal cases.

The afternoons are occupied by minor operative work, either on patients sent down from the hospital wards or on those admitted re-



quiring surgical interference, as in the case of small tumors, cysts, etc. Massage and electricity are also given during the afternoons to patients requiring such special treatment.

While this is the routine work, it must be remembered that the primary object is that of meeting any emergency at any moment, from a headache to various kinds of poisoning, as morphine, Paris green, or illuminating gas, from a tiny scratch to a fracture of the base of the skull. Then, as the hospital maintains a sick-call ambulance service, we have many patients brought to us suffering from any form of disease.

All the serious cases entering the hospital are received and examined in the accident ward, and when necessary the first treatment is given here. This first treatment may consist of medication (stimulants, hypodermically administered), phlebotomy, infusion, etc.; baths, hot or cold; ice applications; reduction of fractures, and in compound the cleansing and suturing of the wound; curettage; gastric lavage; paracentesis, catheterizing, etc., etc.

Patients brought to the hospital for immediate operation (for appendicitis, for instance) are prepared in the accident ward and taken directly to the operating-pavilion and from there to the hospital wards.

Another class of patients is composed of those needing hospital treatment but who are not severely ill or for whom we have no room in our wards. Such patients are kept in the accident ward from six to twenty-four hours; they receive the necessary care and treatment and are then transferred to other hospitals. Many, however, are able to go home with their friends at the end of twelve hours. Also a patient whose condition renders it unwise to move him farther is cared for here until it is considered safe to take him to the ward.

The number of patients admitted to the hospital through the accident ward is about one hundred and fifty each month, and from the examining-room about the same number. Between the accident ward and examining-room some three hundred people are examined each month and are referred elsewhere, either for lack of room or because they are not suitable cases for the hospital.

The accident-ward service is in charge of the senior surgeon on the house staff. He has as his assistant the senior surgeon on the second division, one or other being always on call.

All serious cases are referred to the house physician or surgeon, and if very critical are reported at once to the attending physician or surgeon.

The ambulance service has its appointed surgeons, "who may not serve until they have been in the hospital six months."

The first and second seniors on the medical house staff are examining physicians serving on alternate days.

The nursing force consists of a head nurse, five assistant pupil nurses, one probationer, and an orderly during the day, and of a nurse and orderly at night. These nurses are also on duty in the dispensary, of which more will be said later.

The pupil nurses are on duty in this department, accident ward, examining-room, and dispensary for four months. The first month's duty is in the men's accident ward and X-ray room. The second month is spent in the ward for women and children, examining-room, and the dispensary operating-room. The third month they are made responsible for care of dispensary instruments, supplies, cleanliness, and are in charge of the gynecological work. The fourth month is spent as senior in the accident ward, with care of ambulance bags, instruments, the preparation and sterilizing of all surgical supplies, and care of patients, also preparing for and assisting in the accident-ward operations.

The fifth nurse assists with dressings for two hours each morning, and is on duty in the dispensary throat, ear, and eye service for two hours each afternoon. The rest of the time she is on duty elsewhere.

The probationer remains one month only, during which time she is taught the making of the ordinary disinfecting solutions, cleaning and sterilizing of instruments, gloves, and surgical utensils, to prepare patients for examination, and to take temperature, pulse, and respiration, also the preparation of the simpler surgical supplies.

All patients seeking treatment are examined by a surgeon: if severely injured, he attends to them himself, otherwise he leaves orders for their treatment with the head nurse, and she assigns the work to the pupils in such division that each may gain an equal experience. The nurses prepare the wounds, instruments, and dressings for the doctor and assist him in his work.

Orderly cases are prepared by the orderly, and he assists the doctor with these dressings.

Each nurse also receives some instruction and experience in giving anesthetics.

The dispensary service has its own building and is open daily from one-thirty to five P.M. for all manner of diseases except contagious, for general surgery, and for minor operative work. The number of people treated daily averages three hundred and fifty; sometimes there are over four hundred. These are assigned on entering to the doctors according to their trouble, there being two examining doctors admitting. They are examined, treated, and given, if needed, prescriptions, which are filled at the hospital pharmacy, the pharmacist and one assistant devoting their time to this one object during dispensary hours.

There are four nurses on duty here in the afternoon—one in the

gynecological department, one in the surgical and also in the operating-room, one for throat, eye, ear, and nerve work, one for all medical work and surgical work which is not clean.

The head nurse is also on duty here during dispensary hours, but sees to the nursing only at this time, the supervising of things in general being done during the early morning, the assistant superintendent of the hospital having general oversight and charge of the office work during the dispensary hours.

(To be continued.)

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AN EXPERIENCE OF PRIVATE NURSING.—In taking a private case recently, after some years of institutional work, I have been much interested, and often surprised, to see what have been the items specially pleasing to the family. Having the care of a tiny, delicate baby, on the first morning after my arrival, it being cold and raw, though the month was called June, I instinctively lighted a wood-fire before giving the baby her bath. With the facilities I possessed it would never have occurred to me to do otherwise, and, much to my amusement and surprise, I found it commented on as evidence of my *superior* knowledge of babies! Again, the little one had very dainty dresses, and for my own enjoyment I always kept her fresh, and instead of wearing only the plainer clothes, I tried in turn all the articles of her wardrobe, only to have the family exclaim as to what a pleasure it was to have someone take sufficient interest to keep the baby looking nice! I finally entirely won the grandmother's heart by tying little ribbon-bows around the baby's sleeves just above the elbow.

One morning after several nights of training I announced with great glee that the baby had slept all night without being fed,—I really felt much pleased over the result of the training,—when, lo! I was told, "I am glad the baby slept so you could have a good night." Again, after considerable effort, when I had succeeded in obtaining a desired result in the training, and, as I thought, better development of the child, I was informed that "it was surprising how much trouble people could save themselves in the care of babies if they only knew how!" So it has happened again and again, my training for the benefit of the baby seeming scarcely to be made of any account, and just the little things that one would do almost instinctively being appreciated.

I know that there must be the experience to beget confidence, but I have certainly learned the lesson, that all the experience in the world wouldn't make one acceptable without the interest that leads one to do her utmost in the little things that seem sometimes almost trivial.

A.

**HYGIENE OF THE HOUSEHOLD**By **EVELEEN HARRISON**

Graduate Post-Graduate Hospital, New York

(Continued from Vol. III., page 953)

THE trained nurse who devotes her time to nursing in private families will be called upon to solve many complicated questions that do not come into the pathway of her sister who nurses along the lines of order and regulation to be found in all institutional work.

Perhaps a few suggestions on the all-important "servant question" may be found of value to the young nurses as they start out in the world to prove how much their hospital training has moulded and strengthened their characters.

As I showed in a former paper, tact is of supreme importance in the establishment of a successful career in private nursing, and nowhere is it called in question so often and to such a large extent as in the attitude of the nurse to the servants of her patient's household.

One of the fundamental truths we learn in our hospital training is to wait upon ourselves, and yet this rule is often forgotten or put aside the moment a nurse assumes the responsibility of her "first case."

I don't in the least advocate the nurse putting herself on a footing with the servants, assuming any of their duties, or allowing herself to be considered on their level, but many nurses err sadly when beginning their work by following the idea that they may order the servants hither and yon (as they might in their own homes), and yet expect them to be polite and obliging.

The mere advent of sickness into a family always creates extra work, and the larger share falls upon the servants, who are thus disturbed in their regular routine.

In the homes of the wealthy, where large staffs of servants are employed, the nurse will often find it good policy to accept their services, even when not absolutely necessary; but in such homes the maids expect to wait on the nurse, and frequently give her as much personal attention as if she were a guest.

Again, we enter families where one or two maids have all the work on their shoulders, and in consequence often resent the smallest task that would add to their burden, and here the nurse will show what her true character is.

One of our famous surgeons told me that he was obliged to dispense with the services of one of his best nurses because she caused trouble with the servants in almost every house she entered.

The nurse should make it a rule to wait upon herself as far as lies in her power, and when she does call upon the servants for help to do so in a gracious, pleasant manner, as if she were asking a favor, at the same time keeping a dignified distinction between herself and them; in this way she will command their respect and find that her tact and winning manner has oiled the troubled waters caused by her appearance.

Some nurses are afraid their dignity will be hurt or their position lowered if they are called upon for any service that could not strictly be classed under the head of "nursing;" though, for the matter of that, there are few nurses who will not at some time be obliged to undertake a large variety of tasks in the homes of their various patients entirely outside the pale of actual nursing, from the hunting up and engaging of servants, to assuming the entire responsibility of the household during the illness of the mistress.

In one country home to which I was called the maid-of-all-work fell ill, and for some days I found it necessary to nurse the maid as well as the mistress, and to do all the housework until the former was on her feet again.

Indeed, the term "trained nurse" is generally considered to be of most elastic proportions, and to cover almost any task that a well-educated, tactful, obliging woman is capable of accomplishing.

But to return to the servant question: In many homes there dwells "a family treasure" in the shape of an elderly female who has grown gray in the service of the house and is somewhat of an autocrat to all the household, the master and mistress not excepted. Sad it is for the trained nurse if she fail to propitiate this dignitary, who frequently will be absurdly jealous of anyone but herself caring for her mistress, and it calls for an infinite amount of patience and forbearance on the part of the nurse to keep the peace and prevent her patient noticing any disturbance in the domestic economy. This confidential servant has, as a rule, authority over the other servants, and it is within her power to do hosts of things to make the life of the nurse—outside the sickroom—miserable.

Several times I have encountered this type of upper servant, but always—with one exception—was enabled to win them over to my side. The exception was an elderly female much resembling the time-honored "Miss Miggs" that Dickens has immortalized in "Barnaby Rudge." As her young mistress and I—contrary to the good advice bestowed upon young nurses—became fast friends, her dislike of me grew to positive hatred, and she triumphed in the art of making me unhappy. I was determined, however, that my patient should not be troubled, so held my own counsel and treated my adversary with (apparent) indifference.



But these cases are rare, and it usually depends entirely upon the nurse how she is treated by the servants. Her position is a little difficult; not being a guest nor a regular member of the household, appearing at a time of trouble and general upsetting of the family life, it is by the strength of her personal character that she will create her own place in the family life, where she is often treated nowadays as an honored guest and—with rare exceptions—always as a lady.

(To be continued.)

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## HOME ECONOMICS

By ALICE P. NORTON

Assistant Professor of Home Economics of the School of Education, University of Chicago

(Continued from Vol. III., page 448)

[In the last volume we published four of what we promised should be a series of articles entitled "Home Economics," by Mrs. Alice P. Norton, assistant professor of home economics of the School of Education, University of Chicago. Owing to pressure of university work Mrs. Norton was unable to continue these papers at that time,—the last number appearing in March,—but she begins them again with the assurance that the series shall be completed without another break.—Ed.]

### V. PROTEIDS AND THEIR USES CONTINUED

If it be true, as Mrs. Richards has said, that "the prosperity of a nation depends upon the health and the morals of its citizens, and the health and the morals of a people depend mainly upon the food they eat and the homes they live in," the right selection of food becomes of the utmost importance. The various uses of food must be recognized and the nature and function of the different food principles studied that the proportions needed under varying conditions of age, activity, and climate may be ascertained.

The body differs from the ordinary machine, to which it is so often compared, in that it not only needs fuel to produce heat, partly utilized as heat and partly transformed into work, internal and external, but it must also obtain building material to provide for its own growth and to repair the waste that is constantly going on.

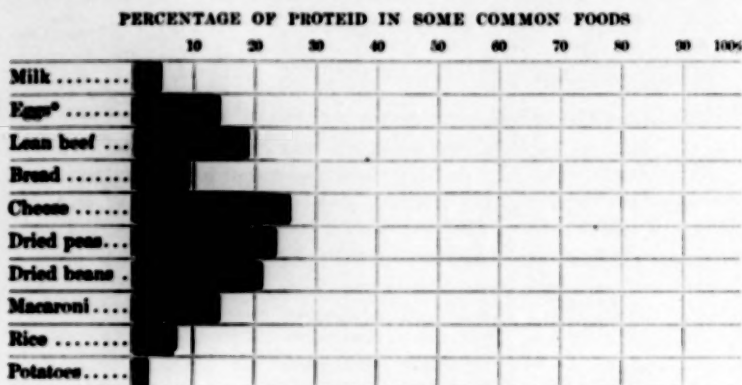
This latter function can be fulfilled only by one class of foods, the proteids, while these can also act as fuel foods. It is this fact which gives the proteids so great importance that we largely estimate the "value" of a food by the amount of proteid that it contains.

Childhood, the age of growth, especially demands food containing

a large proportion of proteid in comparison with the other nutritive ingredients—in other words, food having a high “nutrient-ratio.” Eggs and milk are both foods of this kind, as would be supposed, since they are nature’s “infant foods.”

Perhaps when man has become more civilized he may obtain his food without the taking of life, but at present meat forms the chief source of proteid for a large portion of adults. Vegetable proteids are abundant in wheat and other cereals and in the dried seeds of plants of the pulse family, such as peas, beans, and lentils.

The following chart shows the average proportion of proteid in a few of our common food materials:



\* Edible portion.

#### TRANSLATED INTO TERMS OF POUNDS AND OUNCES

	CONTAINS ABOUT
One pound of milk (one pint) .....	$\frac{1}{2}$ ounce of proteid
One pound of eggs (ten to eleven, without shell)...	$2\frac{1}{2}$ ounces of proteid
One pound of beef .....	$2\frac{1}{2}$ ounces of proteid
One pound of bread (one small loaf) .....	$1\frac{1}{2}$ ounces of proteid
One pound of cheese .....	$4\frac{1}{2}$ ounces of proteid
One pound of peas .....	4 ounces of proteid
One pound of beans .....	$3\frac{1}{2}$ ounces of proteid
One pound of macaroni .....	$2\frac{1}{2}$ ounces of proteid
One pound of rice (two cups) .....	$1\frac{1}{2}$ ounces of proteid
One pound of potatoes (two large or three medium potatoes) .....	$\frac{1}{2}$ ounce of proteid

In other words, one pound of lean beef yields about as much proteid as three quarts of milk, or a dozen eggs, or two five-cent loaves of baker’s bread.

We must remember, however, that the proteid of the meat represents

its total food value much more nearly than the proteid of milk or of bread represents their total food value. Another factor that must be kept in mind is the amount of the different foods that one can eat and digest. It would not be difficult, for instance, for a hungry person to eat half a pound of beefsteak at one meal, while six eggs at a meal would be beyond the capacity of almost anyone.

When we use our meat for soup or beef-tea, even if we make these by the best methods, we succeed in extracting only a small amount of the proteid of the meat. The rest remains behind in the "soup-meat," and this should, therefore, not be thrown away, but, made palatable by proper seasoning or by combination with a little fresh meat, be utilized as food.

The flavor of the soup or beef-tea is due to certain nitrogenous compounds called extractives, which are stimulating rather than nutritious. The slight nutritive value that the soup possesses is due chiefly to gelatin, another nitrogenous compound, closely allied to the true proteids. The food value of this substance was long in dispute. At first it was thought to be of great importance as a source of nitrogen; then the opposite conclusion was reached, and it was considered of no value at all. Careful investigation has proved that neither of these extremes is true. Gelatin, while containing the same elements as true proteid, cannot replace it as a tissue-builder, but it can be substituted for a portion of the necessary proteid and perform its functions.

(To be continued.)

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## THE WORLD'S WAR AGAINST CONSUMPTION

COMPILED BY L. L. DOCK

(Continued from Vol. III., page 959)

"During the past year the United Hebrew Charities has carried on a study of the conditions in New York under which sufferers from tuberculosis live and has formulated a plan for their betterment and, where possible, their cure.

"The plan, in brief, is as follows:

"(1) To treat in their homes consumptives who are waiting admission to sanatoria, whose cases are not suitable for sanatorium treatment, or whose condition prevents the removal of the patient from the home.

"(2) To improve the sanitary surroundings of consumptives, and to teach them the prevention of infection and reinfection.

"(3) To supply relief, particularly suitable nourishment.



"(4) To provide a means of livelihood for improved cases.

"A special agent is employed by this society, and four hundred and eighty-three consumptives applied for help during the past fiscal year. One hundred and thirty-three were accepted for treatment and given careful attention by the agent and such treatment as was found advisable. The results have been very encouraging, and a report says 'warrant the belief that a number of these unfortunates have been materially assisted towards recovery.'

"In Montreal the Charity Organization Society has undertaken a similar work, and at a recent public meeting, presided over by the Governor-General, Lord Minto, a committee was organized to promote the distribution of leaflets, to arrange for the delivery of lectures bearing upon the subject, to encourage the establishment of suitable public or private sanatoria, and to provide for the relief of indigent consumptives by proper and sufficient methods. This committee is now known as the Montreal League for the Prevention of Tuberculosis.

"In Washington, D. C., the Associated Charities has arranged for the delivery of lectures, illustrated with stereopticon views, showing the means by which the spread of consumption may be prevented. In St. Paul and several other cities the Associated Charities have been considering the subject in their monthly conferences. In New Haven, Conn., an Anti-Tuberculosis Association has been formed, and its work is mainly in the way of securing the erection of a hospital. In Cambridge, Mass., a movement has been organized which aims to improve the condition of the poor consumptives in the city and 'finally to stamp out the disease entirely.' Free diet, care from a trained nurse, instruction as to a healthful way of living, are the lines along which this organization intends to work.

"Scranton, Pa., has organized a 'Society for the Prevention and Cure of Consumption,' and it has begun the work of securing funds for a sanatorium in the vicinity of the city. It intends, also, to open in the poorer districts of the city dispensaries for diseases of the lungs and to provide visiting nurses for poor consumptives who do not care to go to the sanatorium.

"In Chicago the Visiting Nurse Association has taken the preliminary steps towards creating a permanent Tuberculous Crusade Committee, and in the last week of January a meeting was held and a permanent committee appointed. It was found that the charter of the Illinois Society for the Prevention of Consumption had expired, and it was decided to do the work originally undertaken by that organization. An educational crusade is planned to teach that tuberculosis is communicable, preventable, curable. The Young Men's Christian Association of Denver

is issuing an appeal for funds for a farm where consumptives may find the kind of work they need during their recovery.

"The movement has in many places found concrete expression in the opening of sanatoria and dispensaries. In New York the parish house connected with St. Bartholomew's Church is to take up work in this field in connection with its new clinic building. A tuberculosis department is to be established, with a special trained nurse to visit the families of patients, distribute literature, and give advice. The Vanderbilt Clinic, which is connected with the medical department of Columbia University, has recently set apart certain days of the week for the special care of consumptive patients.

"In Boston the Massachusetts Emergency and Hygiene Association has issued a circular of 'Friendly Advice to Persons Having Diseases of the Lungs.' One form in which this circular appears is a stiff cardboard, fourteen by ten and one-half inches, ready to be hung in store, factory, or any public place. The circular is printed in both Yiddish and English. A daily clinic for tuberculosis patients is open at the Boston Dispensary. No public announcement has as yet been made of any general or educational work so far attempted in this field in Boston. There is a one hundred and fifty thousand dollar appropriation in the municipal treasury for sanatorial care of tuberculous patients, but no disposition has been made of it, the reason being given that such a sum is insufficient.

"In Philadelphia a new dispensary and sanatorium have been made possible through the munificence of Mr. Phipps. Temporary quarters are open, and the repeal of the 'Fow Act of 1899,' which prohibited the erection of hospitals in built-up portions of a city, will allow the erection of the large institution proposed by the donor. No mention can be made here of the many private institutions which do a public service—many of them of no small consequence—as sanatoria for consumptives.

"Besides this activity on the part of private societies, the Health Commissions, Legislatures, and Governors of various States have evinced great interest in the matter of bettering the condition of consumptives and preventing the spread of the disease. The Governor of Maryland has appointed a Tuberculosis Commission, the duties of which are to investigate the prevalence and cause of the spread of tuberculosis and its economic relation to the community and to recommend to the Governor, for submission to the Legislature, measures for its restriction. It is the purpose of the commission to make a thorough investigation of conditions in Maryland, both from the medical and economical standpoint. Ohio has, already, such a commission, and it has been gathering material recently on the economic forms of labor that will insure against relapse

and provide a living until normal strength and the power of resistance have been gained.

"In New York the contract has been let for the State Tuberculosis Hospital, and the New Jersey commission has selected a site for its State Tuberculous Sanatorium. Massachusetts, which has already done such splendid work in this field with its sanatorium at Rutland, has been discussing, through public hearings, the advisability and necessity of further sanatoria. The State Board of Health of Illinois has submitted a report to the Governor urging sanatoria for some of the eight thousand five hundred consumptives in that State, and from Delaware and Michigan come reports that movements are on foot to establish State sanatoria. Rhode Island has a Commission on State Sanatoria for Consumptives, which has just submitted a report as to proper methods of treatment and proper sites in that State. The Board of Charities and Correction of Philadelphia plans the erection of pavilions which will embody advanced ideas in sanitary science, and the Cook County board has proposed a plan for an entire new plant for the care of consumptives at Dunning, on the outskirts of Chicago. These have been considered at length in former numbers of *Charities*.

"The New York City Health Department has appointed four nurses, whose special duty it will be to visit consumptives, and it has also begun the erection of a tuberculosis dispensary.

"In Evansville, Ind., in Orange, N. J., in San Antonio, Tex., in Hamilton, Ontario, meetings of citizens have been held to discuss the problem of prevention of consumption. The list given does not by any means exhaust the number of communities that are aroused to the importance of taking action in the matter. It certainly augurs well for a community when its citizens seek light on so grave a danger. It means the ushering in of a better time, when consumption will take its place by the side of smallpox, yellow fever, malaria, diphtheria, and other diseases which once were scourges, but which are now conquerable and comparatively limited in their ravages through the efforts and skill of the men of medicine and intelligent precaution on the part of the people."

#### BOOKS OF REFERENCE

- "Sanatoria for Consumptives." By F. Rufenacht Walters, M.D. E. P. Dutton & Co.
- "Prophylaxis and Treatment of Pulmonary Tuberculosis." By S. A. Knopf, M.D. P. Blakiston's Son & Co.
- "The Nordrach Treatment for Consumption in this Country." By James Arthur Gibson. Sampson Low, Marston & Co.
- "The Hygienic Prevention of Consumption." By J. Edward Squire, M.D. Chas. Griffin & Co.

[Late reports taken from *Charities* and other publications show progress in many directions.—Ed.]

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**STONY WOLD OPEN.**—On August 15 the Stony Wold Sanatorium, in the Adirondack woods, was formally opened in the presence of some three hundred guests, including many physicians of prominence and others who have shown exceptional interest in meeting the needs of indigent consumptives. The chairman, Frederick B. Jennings, referred to the present undertaking as "another demonstration that science and philanthropy have joined hands to stay the great white plague, and that there is hope of life for those who have been without hope." Dr. E. L. Trudeau, who has had experience of a quarter of a century in building up the Adirondack Cottage Sanatorium to its present unique position, was introduced, but with characteristic modesty spoke only a few words emphasizing the revolution which has been accomplished since his own pioneer work was inaugurated, at which time he had been looked upon as a well-meaning but impractical enthusiast.

The admirable site selected for Stony Wold, the beauty of its architecture, the spaciousness of its rooms, and the permanence of the construction of the buildings already completed, are the features which most impress the visitor. It is altogether too good to be true, and yet it is not too good if it will save some useful lives each year, as it will; and if the management is such—as it will be—as to provide a socially congenial and uplifting atmosphere in harmony with the pure air and the majestic beauty of the surroundings.

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**NEW HOSPITAL IN SOUTH BROOKLYN.**—The dispensary which has been operated in the basement of the Fifteenth-Street Baptist Church in South Brooklyn has been outgrown by its clientèle, and steps are being taken by the managers and the staff of physicians to secure a suitable building in which to continue the work.

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**MODIFIED OPEN-AIR TREATMENT.**—In Brighton, England, a novel plan has been devised by Dr. Arthur Newsholme, the medical officer of health, for giving assistance to consumptives who are dependent on the town for their treatment. Patients are sent for a month at a time to the Borough Sanatorium for a modified open-air treatment. The main object is not to cure the patient in this single month, but to teach him how to live after he returns home. Meanwhile his house is disinfected, and on his return he takes up his life under improved conditions. In

cases where a longer stay is practicable and particularly desirable, it is arranged for. But this limited stay brings about in most instances marked improvement, prolonging the patient's period of usefulness, and at the same time makes it possible for a larger number of persons to be benefited, decreasing proportionately for the community the danger of infection.

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**THE DENVER HEALTH FARM.**—The latest form of activity undertaken by the Young Men's Christian Association of Denver has been the establishment of a so-called "Health Farm."

The farm is designed "to give an opportunity for young men of meagre financial ability to get the benefit of Colorado's favorable climate." While it is not specified that the preference will be given to cases of incipient consumption, still, it will naturally work out that most of the beneficiaries will be such cases.

Located five miles from Denver, on the highest ridge of a rich fruit-growing district, backed by a panorama of snow-capped mountains, little more could be asked in the way of natural advantages. The present equipment includes a brick administration building and a group of cottage tents, which were opened for residents on May 21. The plan is to receive young men whose physical condition gives hope of improvement and does not demand hospital treatment, giving the preference to members of the Young Men's Christian Association from any part of the country. The charge for a furnished tent and board is twenty-five dollars per month, but deductions are made for whatever work the patient can do on the place. It is expected not only that the farm will yield sufficient supplies for the table, but that there also will be a surplus of fruit and vegetables for the market.

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THE July number of *La Lutte Antituberculeuse* is devoted to the proceedings of the Central International Tuberculosis Committee at its meeting held in Paris in May for the purpose of arranging for the congress to take place there in October, 1904.

There was much of general interest even in the business meetings. It was proposed by Professor Pannwitz that steps should be taken towards an exhibition in Saint Louis next year of the international movement against tuberculosis, that, if necessary, a special pavilion should be erected where the work of all the anti-tuberculosis societies of the world might be brought together. The motion was passed and a committee appointed to investigate means for putting the plan into execution.

. . . . .



M. Casimir-Perier struck the note that is being heard everywhere. The main thesis of his address was found in the following sentences: "The struggle with tuberculosis is intimately bound up with the solution of the most complex economic problems, and no plans will be complete which have not for their basis the material and moral improvement of 'the people.' The struggle with tuberculosis demands the mobilization of all social forces, public and private, official and voluntary."

This idea was reinforced by Professor Brouardel, who, at the end of an able exposition of the measures, both prophylactic and curative, which are called for in this work, announced that in France the project had been conceived of forming a sanitary federation. This federation will include societies against tuberculosis and against alcoholism, societies for improving the housing conditions of the working classes, mutual benefit societies, the whole teaching force, and will, in short, "constitute a union where there will be room for all those who have at heart the public welfare, the health of the people, the physical and moral betterment of their fellow-men."

In review of the work of different countries, Professor von Leyden said that in Germany the chief feature has been the development of sanatoria for the people.

Dr. von Schrötter said that "Unhappily, Austria has taken only half measures against consumption. It has been considered sufficient hitherto to improve hospital service, to add pavilions for consumptives, and to try to isolate them in wards, rather than to create sanatoria." Only one special sanatorium has so far been erected.

Dr. de Lancastre showed that in Portugal no inconsiderable progress has been made along all lines: in the education of the public, in the control of expectoration, in the disinfection of houses, and in the establishment of hospitals and sanatoria for adults and for children.

Dr. Blumenthal, representing Russia, confessed that in his country the struggle against tuberculosis was slow in developing and had so far accomplished little. The reasons he finds in the indifference of the public to questions of hygiene and in the scepticism of the mass of the medical profession in regard to success in a task so immense. Thanks, however, to the initiative of a few devoted physicians, the propaganda has been started in many places and the fight is on.

The most noticeable thing in the various reports was that although the emphasis is placed on different modes of attack in different countries, there is still no difference of opinion as to what constitutes a comprehensive campaign. The tendency is apparent here, as in all social work, to spend an increasing proportion of energy in attacking underlying causes rather than the mere manifestations of the evil.



**THE MAINE SANATORIUM.**—Plans for the Maine Sanatorium for Consumptives are progressing. Land has recently been purchased, and it is hoped that the construction of cottages may be begun in the spring. The purchase, near Hebron, includes one hundred acres of arable land and four hundred and fifty acres of woodland and pasture. Dr. Estes Nichols, the chief inspector in Northern Maine for the State Board of Health, has recently been appointed managing physician. In regard to the plans for the sanatorium Dr. Nichols writes: "We intend to carry out the prevailing sanatorium open-air treatment. It is to be a State institution, but we expect to receive patients from all the New England States and probably from many others. It is to be a free institution as far as possible, but we may have to charge all patients a small amount at first because we have not the funds that we need to carry out our plans. We also expect to have several cottages where we can care for those who can well afford to pay, but the two departments will be kept entirely separate. We are depending on the donations of charitable persons, and so far we are having good returns."

(To be continued.)

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## THE ADVISABILITY OF POST-GRADUATE WORK\*

By ROSE Z. VAN VORT

Graduate Old Dominion Hospital, Richmond, Va., and of Philadelphia Orthopaedic Hospital, in Massage, Swedish Movements, and Electricity

A LITTLE learning is a dangerous thing—yea, a thousand times so when applied to the nursing world. Is there a single one of us who does not remember the day when her first call was received? Need I recall that momentous occasion when, "standing with reluctant feet," we waited at the door to be admitted into the house of our first private call?

Need I recall how, in the still watches of the night, we wished for our professional adviser? How we wished that every household were blessed with an interne? And did we not feel wholly incompetent—feel as though we had had only a preliminary training? And preliminary it was indeed. What great resolutions we made, each one of us, to add to our training by a post-graduate course! But procrastination, that thief of time, cautiously creeping on, has o'ertaken us, and we find ourselves to-day with less ambition and with no more equipment than on that day.

\* Paper read at meeting of Virginia State Nurses.

According to the old song,—

" Could a man be secure  
That his days would endure,  
As of old, for a thousand long years,  
What things might he know,  
What deeds might he do,  
And all without hurry or care!"

But we, that have but "span-long lives," must be up and doing.

Never before in the history of nursing has a post course been more necessary. To meet the requirements of the educational standards as devised by the State Boards, training-schools are beginning to wake up and are revolutionizing the nursing world. A six-months' preliminary training for probationers is being added to the nurses' course by our leading schools.

More thorough knowledge is required in anatomy, physiology, hygiene, urinalysis, chemistry, etc., and more subjects are being introduced, in consequence of which we, the old graduates, will in a few years be weighed in the balance and found wanting.

Now that the State Board is an assured thing, this timely subject gives us much food for thought and reflection. Recognizing the necessity, glorious opportunities are gradually unfolding themselves. What greater opportunities could one desire than a general post course at the Presbyterian Hospital in Chicago, with such a magnificent leader as Helena McMillan, B.A.? Which one of you is satisfied with your training in contagious and infectious diseases, with your maternity work as approved by the highest authorities; with your medical work, in which so many new treatments are being advanced and applied; with your surgical work, on which depends so much of the surgeon's success? And your work in the insane and nervous wards—was it satisfactory, and did it meet all requirements as to electricity, massage, Swedish movements, and medical gymnastics, to which neurologists over the entire country have given so much thought in recent years?

Hospitals for children's diseases, in which we are most deficient, offer many inducements, with a value received in the form of a vast amount of experience.

Let us, the graduate nurses of the old Commonwealth of Virginia, not wait to be led on, but let us lead others; let us be the pioneers in this new movement; let us keep up, side by side, with the future graduates, and let us individually be an honor to the community, to the profession, to the State Society of Nurses, to our Alma Mater, and to our Maker. Let us carry within our hearts a banner on which is engraved,—

" Do thy duty, do thy best,  
Leave unto thy God the rest."

## BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



THE LOVE-LETTERS OF DOROTHY OSBORNE. Edited by Edward Abbott Parry.

The reappearance, seventeen years after an earlier edition, of "The Love-Letters of Dorothy Osborne" may indicate that some of us have grown tired of fictitious "letters" of the kind that have been pressed upon us of late years, and that there has been a demand for more of the real thing. Certainly we may congratulate the publisher upon this timely reproduction of a charming book unknown to many readers of the present day and most welcome of old friends to those who have already made its acquaintance. Dorothy Osborne, as the title to her portrait informs us, was the daughter of Sir Peter Osborne and the wife of Sir William Temple. The letters are addressed to the last-named gentleman and extend over two years—from 1652 to 1654. The editor in his introduction gives us a brief sketch of the times, calling to our minds the greatness of the history of those days, and much of the interest of the book is owing to the memories it brings of the days of the Long Parliament, of sacrifice and suffering endured by the loyal adherents of the Royalist party; days too of pleasanter things, when Isaac Walton wrote his "Compleat Angler"—days of Waller, Cowley, Jeremy Taylor, and John Milton. By the mere mention of these names does the editor create a sort of golden light by which we read Dorothy's love-letters brimful of interest and sympathy, from the first formal missive beginning "Sir:" and ending "Yr. humble servant," to the last letter in the book, which, indeed, is no love-letter at all, but addressed to her nephew in 1689, and which comes in the appendix.

We leave the book in full agreement with the editor, who bids us find "mirrored darkly in these letters a beauty not of face or form, but what men call the Soul, that made Dorothy to Temple in fact, as she was in name, *the gift of God.*" To go back a little, what do we find in these letters? The story of a loyal woman cheerfully living alone with her feeble old father, sitting up at nights with him to see that his attendants cared for him faithfully; parrying the interference of her brother and other meddling friends who would have her settle in life to their satisfaction and wholly averse to her own; fighting horrors of "spleen" and "ague" with infusion of steel and the dirty waters of Epsom wells; taking her recreation of a fine evening—"walking out into a common that lies hard by the house, where many young wenches keep cows and sheep, and sit in the shade and sing ballads," of whom she says, "I talk to them, and find that they want nothing to make them the happiest people in the world but the knowledge that they are so." Or she sits in the garden "by the side of a small river that runs by," thinking until she loses herself in her thoughts, which are all of Temple and of ways of overcoming the "crossness of our fortunes."

A most gentle and lovable young woman, and highly appreciated was her character by all the marriageable young men of her circle. Such a list of suitors

for her hand! It includes Henry Cromwell, son of the Lord Protector, who makes favor for his suit in a gift of a pair of Irish greyhounds—big dogs were, by the way, Dorothy's favorites. She says, "A 'masty' (mastiff) is handsomer to me than the most exact little dog that ever lady played withal." One can't help wishing that the letters included some from Temple. We all know how much the letter received inspires the answer, and it would be a satisfaction to know which side originated the inspiration in this series.

"*WEE MACGREGGOR*" AND "*ETHEL*." T. T. Bell. Harper & Brothers.

The story of "*Wee Macgreggor*" has been proved a great favorite for holiday reading; and for those who have "the gift of tongues" to interpret the dialect no more innocent entertainment could be planned than following the young hero with his devoted coterie of relatives—"Paw," "Maw," and the elders—as they pursue their way to the shops, the Zoo, Rothesay shore, or the "sures" and "conversonies"—in fact, wherever Macgreggor leads. To the uninitiated the dialect is very perplexing, and the author's kind thought for his readers in giving a glossary with the book is most necessary as well as complementary, for without its assistance how should we know our way through some of the engaging advice of Lizzie to her young son?

By the aid of the glossary we learn that the "bass," which really sounds like carved ceilings, is in our ordinary parlance the door-mat. The "gab" a bright person might rightly guess to be the mouth, but who is bright enough to answer when we call "carries," "chenchjean," or "gundy"? No, no, we could make but a poor fist with the book, wanting that glossary, but even it fails in some dark places. It was with some pains that I found one who enlightened me as to the meaning of "*making a shed*" the last touch of preparation for Aunt Purdie's tea-party. To those who share my mystification 'tis confided that his mother parted the lad's hair.

The later book by the same author—"Ethel"—advertises itself to be perfectly free from dialect. It appears, however, that there may be two opinions as to the truth of this reassuring statement. What does Mr. Chubb mean by saying that he hasn't "a bite to the sole of his back"? or Mr. Hugh that he has been way-laid into buying tickets? At least it is a curious way of using English. Miss Ethel is so charming that she may say what she likes. Her twopenny ha'penny ties may look "two shillings," she may insist that she knows a breed of domestic fowls by the name of Corkings, and when she commands us to pass over the wee growl we too, like Mr. Hugh, would instantly place in her hand the trowel.



## NOTES FROM THE MEDICAL PRESS

IN CHARGE OF  
ELIZABETH ROBINSON SCOVIL



**CHAFING IN INFANTS.**—The *Philadelphia Medical Journal*, which has recently been incorporated with the *New York Medical Journal*, quoting from a foreign exchange, says: "Ostrovski employed tannoform as a local application in fifty cases of intertrigo in infants. The application was made either in the form of a powder with equal parts of starch or a ten per cent. vaseline ointment. The application was preceded by a wash with a two per cent. solution of boric acid. The results obtained in all cases were exceptionally good, and the author feels justified in recommending this drug very highly."

**TENT LIFE FOR CONSUMPTIVES.**—Dr. J. Edward Stubbett in an article on this subject in the *Medical Record* strongly advocates sleeping in the open air for the relief and cure of consumption. Patients who are obliged to remain in cities, he says, should sleep on the roofs of their houses when this is practicable, or at least in the open air. Some slight protection is necessary only in case of rain. Heavy dew is not objectionable.

He advises tent life wherever possible. Rugs may be admitted if they are exposed to sun and air every day, but draperies should be avoided. The tent should be pitched on the edge of a wood for protection from wind and shade from heat, but not in the wood, to permit the free circulation of air. A substantial tent may be occupied with benefit in winter even in a cold climate. A warm place to dress in is desirable. Two tent colonies are to be established at Liberty, N. Y. In one the cost will not exceed ten dollars a week.

**INUNCTION WITH COD-LIVER OIL.**—E. J. Kemp reports in the *Medical Standard* a case of a girl suffering from spontaneous dislocation of both knees who was pale, emaciated, weak, and loose-jointed, with a slight hacking cough and exaggerated respiratory murmur over both lungs. The family history was tuberculous. After six-months' treatment with general massage and inunction with cod-liver and olive-oil the patient recovered perfectly. Another case of acute tuberculosis recovered under the same treatment, as did a third, a girl suffering from hystero-epileptic attacks following several bites by a dog.

**IGNITION OF ETHER VAPOR.**—D. H. Murray reports in the *New York Medical Journal* the ignition of ether during an operation when the electric light was turned on to permit the person who was giving the ether to see the patient's eyes more clearly. Fortunately, no one was seriously burned. He advises care in using electric light, particularly in a small room where the ether vapor is dense.

**IGNITION VACUUM BOTTLE.**—Dr. Karl Connell, house physician at the New York Hospital, describes in the *Medical Record* a very simple apparatus for aspi-



rating. An ordinary five-pint bottle of about one-inch mouth is chosen and fitted with a perforated rubber stopper, to which is attached two or three feet of firm rubber tubing clamped by a hemostatic forceps or other device. Three drams of ninety-five per cent. alcohol is poured into the bottle, which is then turned until the entire inside is coated; the excess of alcohol is then poured off. The bottle is placed upright and a lighted match applied before the alcohol has time to dry or settle. A sheet of flame descends into the bottle, and as it touches the bottom the bottle is quickly corked. This will aspirate sixty to sixty-eight ounces. The temperature of the bottle when the alcohol is poured in should be from 60° to 110°. Below 60° the alcohol will not ignite; above 110° it takes place so rapidly as possibly to be dangerous if the bottle is weak or has a narrow neck. With fifty per cent. alcohol or whiskey the temperature must be at least 85° F. or it will not ignite. The same bottle has been used over a thousand times by the inventor without accident. The apparatus can be obtained at any village drug store for fifty cents, exclusive of the clamp.

**TREATMENT OF WHOOPING-COUGH.**—In an article in the *Archives of Pediatrics* Sobel describes his experience with Naegeli's method of overcoming the distressing paroxysms of whooping-cough.

The lower jaw is pulled downward and forward.

In cases without a whoop the expiratory spasm with its asphyxia is generally overcome, and in those with a whoop it is prevented. The oncoming attacks, especially at night, may be arrested. The manipulation is easy, painless, and harmless, without any of the ill-effects of drugs. Patients treated in this manner are less likely to suffer from complications and sequelae than those treated only medicinally; they are in far better condition, less exhausted and emaciated, because vomiting has been controlled. It may be tried in other spasmodic coughs and laryngeal spasms.

**STERILIZING CATHETERS BY BOILING.**—In the *Journal of the Michigan State Medical Association* C. B. Nanereds and W. B. Hutchings decide from experiments that catheters can be sterilized by boiling if all air is expelled from the interior. The soft French catheter should not be so treated. Other catheters should first be well washed in warm soapsuds and then boiled for ten minutes.

**RADIUM RAYS FOR CANCER.**—The *Medical Record* publishes the following account of the relief of cancer by means of the rays from the new metal, radium: "At a recent meeting of the Medical Section of the Royal Imperial Academy of Sciences in Vienna a paper was read giving the details of cure of a case of cancer of the hard palate and pharynx by means of radium rays. The patient, who was treated at the university clinic of the late Professor Gussenbauer, was a man sixty-one years of age. He had long suffered from cancer of the palate and lip, and had repeatedly been operated upon, but without success, the disease relapsing, and each time demanding a more extensive operation for its removal. Finally, in the autumn of 1902, the surgeons of the Allgemeines Krankenhaus declared it was absolutely useless to operate again. One physician determined as a last resort to try radium rays, and treated the afflicted parts by exposing them to the light of radium bromide, the strongest radium preparation in existence. (Another journal states that only one-sixth of a grain of the salt was used.) He was rewarded by a gradual and complete disappearance of the growth,



which has not returned, now some eight months after the beginning of treatment. At the same meeting a case of melanosaecoma cured by radium rays was reported."


**TREATMENT OF BALDNESS.**—Albert Bernheim in *American Medicine* propounds a theory that baldness is infectious and contagious, and thinks that it can be prevented. He believes that it can be cured in a large number of persons under fifty and advises that a cure be tried even over that age. The exclusion of light and air from the hair has much to do with the affection. The three requisites in the treatment are time, patience, and tar soap. The soap is made of forty parts beechwood tar to sixty parts of soap mixture. With this the scalp should be shampooed every day for eight weeks at least, then every other or every third day for another four to eight weeks. It must be done thoroughly and the hair patted, not rubbed, dry. The scalp should then be rubbed with a wash consisting of mercuric chloride 1 to 300, glycerine and cologne spirits each 100. Soft woollen cloth to be used for the rubbing. Then the skin is rubbed dry for another five minutes with a solution of beta naphthol 1 and absolute alcohol 200. After this the following prescription is freely used: Salicylic acid, 2; tincture benzoïn, 3; neatsfoot oil, 100.

**PAINFUL FEET IN NURSES.**—The *New York Medical Journal* quotes the following from *American Medicine*: "Lovett, from the study of a series of five hundred observations upon both normal and disabled feet, draws the following conclusions: (1) it has not been possible to tell with any certainty by examination whether or not the feet of an individual are likely to give trouble. A foot with a well-distributed pressure area is rather less likely to give trouble than one resting on two islands. The degree of pronation, the condition of the circulation, the relative weight of the nurse, and the dorsal flexibility of the foot were all data of no value to the author in his attempt to make a prognosis. A flat foot may be perfectly serviceable, as may also a severely pronated one, while an apparently well-balanced one may become painful. (2) The factors that caused the nurses' trouble with their feet had their origin more in the nurses' general condition than in the shape of their feet. (3) The trouble was caused by a rolling in of the foot and a shifting inward of its weight-bearing areas, and not, in any case observed, by the breaking down or even lowering of the arch. (4) Although proof by figures is lacking, it is probable that the amount of trouble has been decidedly less than it would have been without a proper boot."

**FEEDING OF OLDER INFANTS.**—W. M. Hartsborn in the *Medical Record* records a departure in infant feeding at the Nursery and Child's Hospital, New York, which will be of interest to nurses. All infants over seven months old were given stronger food than plain milk, especially stale bread soaked in boiling water until thoroughly softened, the water poured off and a cup of milk added, and the mixture boiled for three or four minutes, cooled, sweetened, and fed to the baby. At first one teaspoonful was given once a day, and the amount gradually increased until in ten days one to three ounces daily were given. It was fed between the bottle hours and never more than half an ounce at a time. If curds appeared in the stools or it disagreed in any way it was discontinued and castor-oil or calomel given. This is a return to the pap of earlier times. Children from eighteen months to four years had plain bread and milk once a day. For breakfast farina

and milk, for dinner boiled rice with meat-broth over it, for supper bread and milk, the older children bread spread with plain jelly. During the fruit season these have an orange at noon. Since giving the extra food to the infants and younger children there has been a marked increase in their weight.

**VEGETARIAN DIET IN GYNAECOLOGY.**—The *Journal of the American Medical Association* makes the following abstract of an article in one of its German exchanges: "Theilhaber attributes many of the ills that female flesh is heir to, especially in the well-to-do classes, to overeating. He recommends a varied vegetarian diet, that is, excluding all parts of the dead animal, but allowing milk, eggs, etc., as products of the living animal. His experience includes three hundred cases, but only two hundred carried out his instructions for six months, at least, as directed. He has found this diet very valuable in various nervous affections, in the troubles of the menopause, in nervous insomnia, pruritus vulvæ and general pruritus, hemorrhoids, etc., and in one case of protracted galactorrhœa, and thinks it would be advantageous in pregnancy nephritis or neurosis, but has had little opportunity to test the latter. In case of constipation or flatulence the gas-producing substances must be excluded, but a careful selection will render the vegetarian diet very useful under these circumstances. Obese patients lost flesh, but others did not, as a rule, and none exhibited any loss of strength. He refers to the endurance of the Japanese, who eat little meat, as also the Trappist monks. He thinks that time will yet show that many obstinate nervous affections may be cured by abstention from meat."



## HOSPITAL AND TRAINING-SCHOOL ITEMS



### HOSPITALS

**CAMBRIDGE, MASS.**—A new association for the alleviation of tuberculosis and the education of the community hopes soon to commence active work in Cambridge, Mass. The constitution says: "This association shall be called the Tuberculosis Aid and Education Association," the object being "to cure at home, if possible, persons suffering with tuberculosis; to relieve with food, as far as possible, all needy tuberculous persons; to educate the entire community in the care and prevention of this disease; to promote the establishment of hospitals for hopeless cases."

**PITTSBURG, PA.**—Nearly all of the metal-working plants in Pittsburg, Pa., and vicinity are admirably equipped with a hospital annex for cases that require prompt attention. The distance of hospitals from some of the works renders it possible for an injured man to expire from exhaustion before he is admitted to the institution. To obviate this the owners have fitted up a room or building where injured and sick employes can be treated at once.

**MONCTON HOSPITAL, NEW BRUNSWICK, CANADA.**—Mr. F. W. Sumner, Moncton, will contribute five hundred dollars to the new hospital fund. An appeal is made that the institution should be out of debt when opened.

**BRIDGEPORT, CONN.**—A new hospital for the Sisters of Charity of St. Vincent de Paul is to be built at a cost of two hundred thousand dollars. The plans have been completed and some of the contracts let.

**DALLAS, TEX.**—A Pasteur Institute is to be established in connection with the State Insane Asylum of Texas for the treatment of those bitten by animals with rabies.

**BINGHAMTON, N. Y.**—A number of prominent medical men are earnest advocates of the establishment of a hospital near this city for the treatment of tuberculosis.

**MALDEN, MASS.**—The new wing is nearly completed at the Malden, Mass., Hospital. It will contain eight private rooms, a diet kitchen, and two sun parlors.

**SAN ANTONIO, TEX.**—At the office of Post Quartermaster at Fort Bliss sealed proposals will be received for the construction of a twelve-bed brick hospital.

**ATHENS, GA.**—The Chamber of Commerce has appointed a committee to look into the matter of an Emergency Hospital, which seems an important need.

**ROCKAWAY BEACH, L. I.**—Residents and business men are urging the Charity Department to provide an Emergency Hospital at this place.

**BOSTON, MASS.**—The city officials, it is hoped, will soon be able to decide on a site in West Roxbury for the new hospital for consumptives.

**RIVERSIDE, CAL.**—The Fullerton Hospital is now complete, and has been turned over to the Board of Directors.

WHITEFIELD, N. H.—Dr. G. H. Morrison has fitted up a room at his hospital for treatment of cancers by X-rays.

SCRANTON, PA.—The Consumptives' Hospital on West Mountain will accommodate fifteen patients.

PRABODY, Mass., thinks it needs a local hospital, and needs it badly.

WATERBURY, CONN., puts in a plea for an Emergency Hospital.

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SOME OF THE WAYS IN WHICH HOSPITALS ARE BEING AIDED

PHILADELPHIA, PA.—Four little girls ranging from four to eight years of age gave a successful porch party at 2004-6 East York Street for the benefit of the Samaritan and St. Luke's Hospitals. The Tioga Baptist Church held a bazaar in aid of the Samaritan Hospital.

BOSTON, MASS.—The Hollis Street and New Globe Theatres are both owned by the Brigham estate, and the rentals of these properties will ultimately be spent for the relief of patients who will be treated in the Brigham Hospital, plans for which are now under way.

ATLANTIC CITY, N. J.—The summer guests at Haddon Hall, according to their annual custom, gave a package party for the benefit of the Atlantic City Hospital. The packages when auctioned off netted a tidy sum.

MONTCLAIR, N. J.—The Mountainside Hospital building fund has been increased by a gift of eight thousand five hundred dollars from the estate of the late William E. Cooper, formerly of Upper Montclair.

HARVARD UNIVERSITY has purchased thirty-five thousand square feet of land to add to that already owned by the Stillman Infirmary. It was bought from the trustees of the Cambridge Hospital.

CHESTER, PA.—The Board of Managers of the Chester Hospital has accepted the offer of Dr. William B. Ulrich to provide an automobile which will be chanced off for the benefit of the hospital.

MEYER FLEISCHER, of Philadelphia, presented the Eastern Maine General Hospital with a check for five hundred dollars to be applied to the proposed Children's Ward Fund.

CAMDEN, N. J.—The summer residents at Wildwood-by-the-Sea gave a hop at one of the leading hotels for the benefit of the West Jersey Homoeopathic Hospital.

PROVIDENCE, R. I.—By the will of Charles C. Hoskins twelve hundred dollars to endow three free beds, was left to Rhode Island Hospital, Providence, R. I.

WASHINGTON, D. C.—The Arcanum Hospital Fund will be added to by the proceeds of a base-ball game between the National and District Councils.

MIDDLETOWN, N. Y.—The Society Victor Emmanuel III. held a picnic and parade with fireworks in the evening for the benefit of Thrall Hospital.

WINSTED, CONN.—The Gentleman's Driving Club will give matinees in the Driving Park for the benefit of the hospital.

**FARMINGTON, MD.**—A lawn fête on Mrs. Ida Markey's lawn at Braddock netted a nice little sum for the City Hospital.

**NEW BRITAIN, CONN.**—The New Britain Turner Society gave a benefit for the hospital.

#### TRAINING-SCHOOL NOTES

THE corner-stone of a nurses' residence in connection with the Kingston General Hospital was laid with elaborate ceremonies on August 11. The building is to be in the form of a Maltese cross and will cost ten thousand dollars. The inception of this is due to the Alumnae Association of the Training-School for Nurses, who for many years past have been steadily collecting money for this much-needed improvement. Much credit is due this alumnae. After the exercises a garden party was held in the hospital grounds. Records of the hospital and Training-School were deposited in the corner-stone by Miss Flaws, superintendent of nurses; copies of daily papers and journals by Miss Amy Wartman, president of the Alumnae Association; a bag containing coins by Miss Gertrude Strange, president of The King's Daughters.

AS we go to press the news comes from Canada of the resignation of Miss Charlotte Macleod after five years of unremitting toil as chief lady superintendent of the Victorian Order of Nurses. Miss Macleod is a native of New Brunswick, Canada, and a graduate of the Waltham (Mass.) School. She, with Lady Aberdeen, organized the Victorian Order of Nurses.

THE Memorial Hospital of Richmond, Va., has established a post-graduate course of six months, which includes a very full course in dietetics, or the latter course can be taken separately if so desired. Miss Agnes S. Brennan, for so many years in charge of the Training-School at Bellevue, is now the superintendent of the Memorial Hospital.

THE members of the medical staff of Emergency Hospital, Carbondale, Pa., presented a beautiful solid silver engraved tea service of six pieces to Miss Florence Wright, the retiring superintendent of the hospital, who leaves for her home in Mount Forest, Canada. Dr. A. F. Gillis made the presentation speech, to which Miss Wright happily responded.

Mrs. M. L. CLEAVES, who was married in Washington to Mr. Staples, in the government service, has for several years been the efficient head nurse at the Newport Hospital. She is a graduate of that institution, and upon graduating was selected for the position, which she has held acceptably.

THE Park Hospital management at Glens Falls has decided to organize a Training-School under the supervision of Miss Ida R. Palmer. Miss Palmer is a graduate of the Newport Hospital, R. I., and of the course in "Hospital Economics" at Teachers College, N. Y.

Mrs. LAURA M. WEISS, a sister of Mrs. C. A. Ellis, has been engaged as superintendent of the new Willse Hospital at Westfield, N. Y. Mrs. Weiss has had large experience in the work and will be a valuable aid to the institution.

Miss A. M. CARDAN, a graduate of Taunton Insane Hospital Training-School and of the Brockton Hospital Training-School, has been appointed superintendent of nurses at Medfield Insane Asylum, Medfield, Mass.

MISS ELIZABETH H. STEELE, Michael Reese, Class of 1897, has accepted the position as superintendent of nurses at the Lane Hospital, San Francisco. Miss Steele commenced her duties September 10.

MISS JESSIE E. CATTON, assistant superintendent of nurses at the South Department of the Boston City Hospital, goes to Springfield, Mass., as the superintendent of nurses at the hospital there.

THE nurses at the Newport Hospital have had a handsome home built for them in the hospital grounds at a cost of ten thousand dollars, the gift of one of the permanent cottagers.

MISS ADA M. STEWART, a graduate of the Boston Insane Hospital Training-School for Nurses, has been appointed night head nurse of that institution.

THE Northwest Missouri Hospital and Orphanage Association contemplate erecting a hospital, orphanage, and training-school for colored nurses.

MISS IDA WASHBURN, assistant superintendent of nurses at the Boston City Hospital, takes charge of the Relief Station at Haymarket Square.

AN addition to the Nurses' Home is to be made at the Buffalo General Hospital. When completed the home will accommodate eighty nurses.

#### PERSONAL

ON July 1 Miss Lucetta J. Gross resigned the position which she has held for nearly six years as superintendent of the Grace Hospital Training-School, Detroit, and on October 1 returns to the Buffalo General Hospital to take charge of the Training-School of that institution, a position which she held for a time soon after her graduation from the City Hospital, Boston. The Buffalo General Hospital has been undergoing many improvements during the past few years. A new Nurses' Home is now being built, and we understand that a very thorough reorganization of the Training-School is being contemplated by the management under Miss Gross's able supervision.

MISS ANNIE ROBINSON, lady superintendent of the General Hospital, Galt, Ont., has been given a three-months' leave of absence owing to ill-health. It is worthy of note that the ladies' committee in connection with this hospital have purchased a horse and carriage for the use of the lady superintendent and her nurses. Miss Snively in commenting on this says: "I am sure there are many ladies who only need this hint in order to act on it, and I certainly trust that ere long there may be many schools who can boast of possessing a similar conveyance, or, possibly, an automobile."

MISS EUGENIA D. AYERS, a graduate of the Rhode Island Hospital Training-School, Providence, R. I., has been appointed to succeed Miss Rachel A. Metcalfe at the Worcester City Hospital. Miss Ayers has held several positions in various training-schools and comes directly from the Central Main General Hospital, Lewiston, Me. Her duties will probably begin October 1.

MISS RACHEL A. METCALFE, superintendent of the Training-School for Nurses at the Worcester City Hospital, Worcester, Mass., has resigned to take a much-needed vacation from institution work. Miss Metcalfe is a graduate of that Training-School and has held her position since 1892.



THE following Toronto graduates have been abroad this season: Misses Carrie Bowman, Hannah Hollingworth, Annie Hollingworth, Florence Davis, Annie I. Brown, Margaret McLaren, Mary Hyde, Helen Jones, and Mrs. Bell, née Sneath.

MISS BEATRICE S. MONTEITH, superintendent of the Brooklyn Hospital Training-School for Nurses, Brooklyn, N. Y., and Miss Clara G. Clark, night superintendent of the same school, have resigned from their respective positions.

MISS FLORENCE E. MONELE (Newark City, Class of 1901) has given up her position as head nurse at the Park Hospital, Glens Falls, N. Y., to accept a similar position at the Brooklyn Eastern District Hospital and Dispensary.

MISS ESTHER DART, superintendent of the Stillman Infirmary of Harvard College, has taken a long vacation during the summer, her place being filled by Miss Jennie Watson, of the Toronto General, Class of 1896.

MISS IDA ANDERSON and Miss Ada Gould have returned from the Yukon, where they have been for a year, and Miss Mabel Moodie left in August to take a position in the Samaritan Hospital.

MISS KATE ALBION, who has been obliged to give up her position as head nurse at the Home for Incurables on account of ill-health, has been succeeded by Mrs. Ada Findley.

MISS JEAN WILSON, Toronto General Hospital, has gone to reside in Cambridge, Mass., where she will keep house for her brother, who is a professor at Harvard.

MISS HARRIET THOMPSON, Toronto General Hospital, has arrived from Nee-mutch, Central India, and will remain in Ontario for a rest while she is on furlough.

MISS CARSCALLEN, graduate of the Class of 1902, Kingston Hospital, Canada, has been appointed head nurse of the private wards in Lakeside Hospital, Cleveland.

MISS MARY MOORE McVEAN, a graduate of St. Luke's Hospital, New York, has recently received the appointment of tenement-house inspector in New York City.

MISS ANNIE DICK has been obliged to resign her position at Rainbow Cottage, South Euclid, O., on account of ill-health.

MISS MABEL STOCK has resigned as lady superintendent of the General Hospital, Parry Sound, and is now at home.

MISS MAUD BRODY has resigned her position in New Richmond and is now a private nurse in Halifax.

MISS NELLIE MILLER has been in charge of the General Hospital, Brockville, for some months.



# THE GUILD OF ST. BARNABAS

IN CHARGE OF

S. M. DURAND

Public Library, Boston



## WHAT TO DO WITH THE MARGIN

MANY kind and well-intentioned people seem to consider it necessary to approach nurses in one of two ways: they either exhort them to do their work from a high motive and be actuated by a strong sense of duty, or else they pity them most profusely and seem to feel that these unfortunates must at all costs be amused.

We all know that a sense of duty will do much to carry one on to the achievement of a hard task, and we also know that amusement and pleasure brighten and refresh us after the task is over.

Human nature is about the same the world over, and no one has a greater chance to study the ins and outs of character than those who see people in undress, both figuratively and literally.

Many a tried soul who has had sad experience of the extremity to which a sufferer has been reduced by illness and pain before the final release has perused the panegyric published by way of obituary notice with very mixed feelings and perhaps a desire to do a little truth-telling.

It is the continual contact with the seamy side of life that often makes doctors and nurses such cynics as many of them unfortunately are. The experience of a hospital career is a very trying one in many ways, but perhaps the hardest part of it is the ruthless stripping away of so many of our illusions.

To see life and death as we do see them is a great tax on the charity and the faith of many; the trail of the serpent is so clearly over it all that our views of existence are apt to be coarsened and tainted at the very start.

When we go out into private nursing things mend somewhat, perhaps, but it is a life of very violent contrasts; we see much that is unlovely, much that saddens and wearies us, and the edge of our sensibilities is still more blunted. When one has a case which has aroused her sympathy and affection and to which she has given more than money can pay for, it is a little hard to reflect that her life has touched that of others only at this one point, and only for a brief time; she feels her position to be somewhat anomalous, and sometimes has the bitter feeling of a child viewing a party from over the fence. It is all delightful, but it is not hers, except as she may be a spectator at the feast. To the unsympathetic it is all business, all in the day's work, and she hardens her heart and counts her money.

For a nurse to last well and to have compensations other than those of salary she must cultivate both philosophy and charity, and, more than that, she must have resources not only in the outside world, but also within that world which is only known to its possessor—i.e., within herself.

After all, it is not so much what we do or where we go, but what we are which determines our happiness or misery.

How often have we realized that though we take the wings of the morning we cannot get away from the ever-present ego which is sometimes such a burden to us.

Were I to say what I think makes life most agreeable and lightens the everyday grayness of the horizon, I should unhesitatingly declare that we need to cultivate versatility.

When we get out of ourselves we find a thousand things that are more pleasant and profitable to think about. We see the sad results of morbidness in others, and we know that change of thought will do much for everyone. The tendency of nurses who live in the same house or visit one another to talk shop is absolutely deplorable, though no more so than the same tendency among school-teachers and others of a like profession. Life becomes a perfect treadmill when we not only do the same thing all the time, but talk about it in intervals of relaxation.

With our powers of observation, which we gain in a hard school, we should be keenly alive to every form of beauty.

You may say that you are too tired to do anything but rest between cases, but what is rest?

We all know how a few days of change of scene will rest us more than if we stayed in one place and thought how tired we were. Amusements which tax our strength may not always be judicious, but surely the open air, a pleasant book, a friend's society, are all refreshing if we would only think so. So many societies are formed for the improvement of nurses, the bettering of their professional status, etc., that in following out these worthy objects we are apt to forget our need as individuals.

In this strange, varied, yet ever interesting world of ours there are many things to help us all, many treasure-houses which may be unlocked if we will only find the key, and nothing so repays trouble as a little laying up in the vast receptacle of the human mind.

There are so many things to do and, above all, so many things to think about that we seem hardly able to make a beginning.

Surely it has often struck most of us as sad that those who live in the midst of the greatest beauty are often most impervious to its influence.

While visiting some of the lovely spots which abound in our fortunate country, one has been shocked by the callousness of the inhabitants, who seem to think "gush" the prerogative of the summer visitor. Thus it is in life. The struggle for existence is so hot that we settle down in our own little niche and never get out of it. Our youthful enthusiasms die, our cherished castles crumble, and we get into the sad habit of being what we are pleased to call *sensible*. Nothing less sensible than narrowing instead of broadening our lives can be conceived, and experience is meant to open fresh paths instead of shutting old ones. We cannot close our eyes to the sad facts of life, so let us be careful that we keep them open for all the goodness and beauty that come in our way.

Cultivation of the faculties and talents given us, living upon the highest point we can reach, and appreciation of all that may enliven and assist our climbing, sympathy and charity for our fellow-creatures, and trust that all the problems which puzzle and sadden us here will be smoothed out in the world towards which our longings tend—all this seems Utopian, perhaps, yet we know

that aspiration can only raise us, and the noblest lives are often the most commonplace to the casual observer.

THE BOSTON BRANCH held its Festival meeting at Emmanuel Church on the eve of St. Barnabas Day, and additional interest was given to the occasion by the presence of many visiting nurses, who were in the city to attend the convention of the alumnae. It was a great pleasure to us to welcome so many old friends and so many new ones at the same time. The church service was conducted by the chaplain and the sermon was preached by the Rev. F. C. Powell, S.S.J.E., who has been for some years a priest-associate of the English Guild of St. Barnabas and was chaplain of the branch in South Africa during his mission work there. The lesson given to us was that nurses, to be really happy in their work, must learn to look for the deeper spiritual joy which comes from doing our work as it should be done. We all know it has its trials, and they frequently make us think that all is dark and dreary along the paths, not only of invalids themselves, but of those who try to relieve pain and illness. That there is a joy in self-sacrifice is evident to all who have learned to make the sacrifice with any degree of willingness—a grudging service is anything but acceptable. A nurse's work must be done on a high plane and from noble motives if it is to be a blessing either to herself or others, and I am sure we looked upon our path in life as capable of being trodden near the mountain tops when we heard Father Powell's account of some of the heroic devotion he had known of nurses in South Africa. It is these noble deeds of hidden lives that wake us from a humdrum way of regarding existence as a very tame affair, and persuade us of the truth in the words of John Keble:

"The trivial round, the common task,  
Will furnish all we need to ask,  
Room to deny ourselves, a road  
To bring us daily nearer God."

At our social gathering good-fellowship abounded and nurses from all sections or the country greeted one another with pleasure. As the JOURNAL goes to press before our September meeting is held we have no news to contribute, but trust our members will bring back from their summer rest and travel a store of strength and courage for the winter's work.

It is now some time since we have mentioned the progress of the Sick Relief Association of the Boston Branch of the guild. It has gone on steadily during its many years of usefulness, and no year has passed since it was established in 1891 in which at least one benefit has not been paid. It has very decidedly proved its *raison d'être* as far as our own branch is concerned. During the past year much thought has been given as to how we might extend its usefulness, therefore, as several of the smaller branches find it unwise to begin an association of this sort, it was unanimously decided at the annual meeting in June to alter our constitution so that any member of the guild at large in good standing in her own branch might join this Relief Association. It was further voted to change the name from Sick Relief to Massachusetts Relief Association. The secretary, Miss A. O. Tippet, 6 McLean Street, Boston, will gladly furnish any information concerning it to those interested.

While so many projects for nurses' pensions, retiring funds, etc., are agitating and being agitated in our midst, it would seem wise to cast a considering eye on this department of the guild work.

We so often hear it said that only in union can there be strength that the remark has become a trite one, yet the beauty of organization can only be realized by considering a common bond and following a common interest. Quoting from the last report of the Sick Relief Association (as its name then stood) of the Boston Branch, we learn that: "Among the questions discussed have been: an endowed bed for nurses in some hospital; a home for aged and invalid nurses; the amount of the benefit to be paid in case of death, which, as it now stands, some consider inadequate; the disposal of the funds of the association. . . ."

Now these are all questions which vitally concern the guild at large, and in the fuller future which the broader organization of our association seems to promise, why should they not be discussed by all those interested in the matter? It would seem very much more worth while to have a central Sick Relief Association or incorporated body than to have several more or less widely separated and necessarily circumscribed bodies. With more members and consequently larger funds, the undertaking would be much better as a business investment, certainly, and would thus prove a greater bond of union among the branches.

Nurses do well to provide for the future, yet how many of us know that we are seldom ready for the emergency which often comes so swiftly and with so little warning.

We hope this matter will be fully discussed at our approaching council.

**NEWPORT BRANCH.**—At the May meeting of the Guild of St. Barnabas in Newport the chaplain, Rev. Henry M. Stone, resigned his office on account of ill-health, and Rev. Gilbert W. Laidlaw was nominated by the guild. The annual meeting was held in June at Kay Chapel of Trinity Church, the business meeting being directly after the service in the Parish-House. Announcement was made of the confirmation by the chaplain-general of Rev. Mr. Laidlaw's nomination as chaplain. Miss Elizabeth B. Smith was re-elected secretary and treasurer, and an Entertainment Committee and delegates and alternates to the next general council were chosen. In July the meeting was held at St. George's Church, and after the service the guild adjourned to the home of Miss Mary Hazard, where all enjoyed refreshments and a social hour. The membership of the guild in Newport is steadily growing; several nurses have been initiated at each of the past few meetings. By the kindness of Mrs. Hamilton F. Webster the members of the guild will have an opportunity to meet the chaplain-general on the fourth of September, when the guild service will be held in St. John's Church, and the chaplain-general will address the members.





## PRACTICAL HINTS



**HEAT BY ELECTRICITY—THE MECHANISM AND OPERATION OF AN ELECTRIC HEATING-PAD.**—In hospitals, institutions, and homes supplied with electricity an electric device is fast supplanting the hot-water bag, hot-water bottle, hot cloths, and other means of applying heat locally to the body. This device is in the shape of a pad, varying in size and accordingly in price, the latter ranging from six to thirteen dollars. The purchase price, however, practically covers the entire expense, as the cost of operating is trifling and as, with care, the pad remains in good order for an indefinite period of time. All that is necessary for the operation of the electrical heating-pads is an electrical current with a standard voltage up to 120 and a regulation fixture.

The pad itself consists of a spiral made by yards and yards of infinitely fine wire about a long and very narrow strip of asbestos. This spiral is in turn enveloped in asbestos and, thus isolated, is stitched back and forth to the inside of a muslin bag. The pad, now in shape, goes into a water-proof covering, which protects the wire from perspiration from the patient's body. Then comes a wrapping of lamb's wool, which forms the outside of the pad. The conductor cord is supplied with a plug for connecting, through the lamp-socket, with either a direct or an alternating circuit and with a switch, which is within easy reach of the patient. By means of this switch a patient can easily regulate the current, which can maintain, in the lamb's wool covering, a maximum temperature of 180.

The infinite advantage of these electrical heating-pads over more crude devices for applying heat in such cases as pleurisy, neuralgia, and neurasthenia is evident. One has a soft, light, flexible pad less than three-fourths of an inch thick, which can easily be applied to the site of pain and maintained there indefinitely with little or no inconvenience or disturbance to the patient.

The New York Hospital was one of the first to adapt its electric plant to this use, but this mode of applying heat is now found widely established in hospitals and sanatoria.

J. C., Class of 1903, New York Hospital.

**SULPHATE OF MAGNESIA IN VICHY.**—Many sick people find sulphate of magnesia (Epsom salts) exceedingly nauseating when given in plain solution. A simple way of disguising the taste, devised by a nurse during a prolonged illness, is to add to the saturated solution of the magnesia a good, long drink of cold Vichy, and if taken while still sparkling the patient will not suspect that she is being given a dose.





## OFFICIAL REPORTS OF SOCIETIES

IN CHARGE OF  
MARY E. THORNTON



[We must ask contributors to this department to make their reports as concise as possible, omitting all mention of regular routine business, and stating such facts as are of special interest to absent members or to the profession at large. The JOURNAL has already increased its regular reading pages from sixty-four to eighty, and it must keep within these limits. In order to do this all of the departments are being condensed to make room for our constantly increasing items of interest.—Ed.]

### THE TENTH ANNUAL MEETING OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

THIS meeting will be held at Pittsburg, Pa., on October 7, 8, and 9, at the Hotel Schenley, St. Pierre Street. The first session will open on Wednesday, October 7, at ten A.M.

The following hotels are recommended to members: Hotel Schenley, St. Pierre Street; Hotel Henry, Fifth Avenue; the Monongahela House, Smithfield and Water Streets. Rates from one dollar and a half to three dollars per day.

#### PROGRAMME.

Wednesday, October 7, 10 A.M.

Call to order.

Prayer by the Right Reverend Bishop Whitehead, United States chaplain-general St. Barnabas Guild.

Address of welcome by the Rev. Maitland Alexander.

Address of welcome by Dr. J. H. McClelland.

Responses.

Report of council.

Report of treasurer.

Report of committees.

Recess for registration of members.

Address of the president.

2.30 P.M.

#### PAPERS.

"Can the Study of Current Events be Made a Means of Recreation for Pupil Nurses?" Miss Jennie Cottle, Minnequa Hospital, Pueblo, Col.; Miss Alice Griswold, New York; Miss Jane Delano, Bellevue Hospital, New York.

"The Power and Responsibility of this Society in Public Action," Miss L. I. Dock, New York.

Thursday, October 8, 10 A.M.

Report of council.

Election of new members.

Report of auditors.

Unfinished business.

New business.

## PAPERS.

"Some Common Points of Weakness in Hospital Construction," Miss Anna Goodrich, New York Hospital.

2.30 P.M.

Demonstration to be held in the Amphitheatre of Western Pennsylvania Hospital of methods and appliances in use in the Presbyterian Hospital, New York; the New York Hospital, New York; the Lying-In Hospital, New York; the Boston City Hospital, Boston; the Johns Hopkins Hospital, Baltimore.

Friday, October 9, 10 A.M.

Report of council.  
Unfinished business.  
Report of Nominating Committee.  
Election of officers.

## PAPERS.

"The Teaching of Hygiene in Training-Schools in Theory and in Practice," Miss Isabel McIsaac, Illinois Training-School, Chicago, Ill.

"Modern Hospital Construction," Frank Miles Day, Esq., Philadelphia, Pa.

Recess for ten minutes.

Memorial notices.

Announcement of time and place of next meeting.

Introduction of president-elect.

Adjournment at one or one-thirty P.M.

A meeting of the Council of the American Society of Superintendents of Training-Schools for Nurses will be held at the Homoeopathic Hospital, Pittsburg, Pa., on Tuesday evening, October 6, at eight-thirty P.M.

M. A. NUTTING, Acting Secretary.

## STUDENTS FOR ECONOMICS COURSE

THE following applicants have been admitted as students in the Class in Hospital Economics at Teachers College, Columbia University, New York. This is by far the largest class that has heretofore been registered, and it is hoped that they will enjoy their work there:

Miss Emma I. Jewell, graduate of Massachusetts General Hospital, recently superintendent of Montreal Maternity Hospital.

Miss Mary H. Paterson, graduate of Rhode Island Hospital, recently superintendent of Beverly Hospital, Mass.

Miss Anna M. Coleman, graduate of Toronto General Hospital, recently superintendent of Saginaw General Hospital.

Miss E. A. Lampman, graduate of Brooklyn Homoeopathic Hospital, recently superintendent of Syracuse Homoeopathic Hospital.

Miss Flora M. Shaw, graduate of Montreal General Hospital, recently assistant superintendent of nurses, Montreal Hospital.

Miss Grace E. Baker, graduate of Illinois Training-School, recently superintendent of Finley Hospital, Dubuque, Ia.

Miss Helen W. Kelly, graduate of Illinois Training-School, recently superintendent of Illinois Hospital, Chicago, Ill.

Miss Mary C. Wheeler, graduate of Illinois Training-School, recently superintendent of Blessing Hospital, Quincy, Ill.

- Miss Minnie H. Ahrens, graduate of Illinois Training-School, private nursing.  
Miss Edie A. Douglass, graduate of Buffalo Homœopathic Hospital, recently superintendent of nurses, Cornell Infirmary.  
Miss C. McLennan, graduate of St. Luke's, Chicago, recently superintendent of Danville Training-School, Danville, Ill.  
Miss Susan J. Parish, graduate of South Bethlehem Hospital, recently superintendent of University of Iowa Hospital.  
Miss Marie Stotz, graduate of Finley Hospital, Dubuque, Ia., private nursing.  
Miss Lucy G. Van Horne, graduate of Waltham Training-School, recently superintendent of Berea College Hospital and Training-School.  
Miss Helen Balcom, graduate of St. Luke's, Chicago, recently superintendent of University of Michigan Hospital and private nursing.  
Miss Wipona Peterson, graduate of Missouri Baptist Hospital, St. Louis, and Augustana Hospital, Chicago, recently superintendent of the Wichita Hospital, Kan.

Donations for the month, Miss Clara Cahoon, one dollar.

MAUD BANFIELD, Chairman.

#### EXCURSION TO BERLIN IN 1904

NURSES wishing to join the party going to Berlin in 1904 will kindly send their names to Miss Thornton as soon as possible in order that estimates may be made. Any suggestions will be gladly received.

The plans thus far embrace a period of two months, and visits to London, Paris, Berlin, and as many other places as can be managed comfortably. The time is placed at two months, as that is about as lengthy a vacation as the average nurse feels she can take, but anyone wishing to prolong her time may arrange to do so.

Such suggestions as may be of general interest will be published in the JOURNAL, and later circulars containing full particulars will be sent to those sending their names and addresses in full. Suggestions for curtailing expense without sacrificing too much comfort will be specially welcome.

MARY E. THORNTON,

120 East Thirty-first Street, New York.

#### PENNSYLVANIA STATE NURSES' MEETING

PROGRAMME of the meetings of the Pennsylvania State Nurses' Association to be held at the Hotel Schenley, Pittsburg, Monday and Tuesday, October 5 and 6:

##### *Monday, October 5.*

Nine A.M., greetings and registrations.

Ten A.M., call to order.

Prayer.

Address of welcome.

Response by president.

Talk by Miss Eva Allerton, of Rochester, N. Y., chairman of the New York State Legislative Committee.

Reading of minutes of last meeting.

Report of Constitution Committee.

Discussion, adoption, and signing of constitution.

Appointing Nominating Committee.

*Tuesday.*

Nine A.M., roll call.

Informal address by Miss Sophia F. Palmer, editor-in-chief of THE AMERICAN JOURNAL OF NURSING.

Report of Committee on By-Laws.

Discussion and adoption.

Reports of committees.

Report of treasurer.

Election of officers.

Appointment of place for next meeting.

S. H. FULLON, Secretary.

## MEETING OF THE NEW YORK STATE NURSES' ASSOCIATION

THE New York State Nurses' Association will hold the next regular meeting at the Academy of Medicine, 17 West Forty-third Street, New York City, on Tuesday, October 20, at ten A.M. and two P.M.

Important matters will be discussed and the first report of the Board of Examiners be given. It is felt that every member of the association should make an effort to be present. Nurses who do not understand the working of the new law for registration are cordially invited to attend.

JESSIE McCALLAM, Secretary,  
Post-Graduate Hospital, New York City.

## MASSACHUSETTS STATE NURSES' MEETING

THE Massachusetts State Nurses' Association will hold a meeting in Potter Hall, New Century Building, 177 Huntington Avenue, Boston, at two P.M. on Wednesday, October 21, 1903. This is an important meeting and a large attendance is hoped for.

MARY M. RIDDLE, Chairman,  
745 Massachusetts Avenue, Boston.

## NEW YORK STATE NURSES—APPLICATION FOR MEMBERSHIP IN THE STATE ASSOCIATION

THE attention of our readers is directed to the change in the by-laws requiring all applications for membership to be made to the chairman of the Committee on Credentials, Miss Anna C. Maxwell, of the Presbyterian Hospital, New York City, instead of to the secretary of the association.

## MEETING OF THE NEW YORK BOARD OF NURSE EXAMINERS

THE Regents' Office at Albany has issued the following announcement:

"A meeting of the State Board of Examiners of Registered Nurses, composed of Mr. L. Bissell Sanford, of New York; Miss Annie Damer, of Buffalo; Miss Dorothy N. MacDonald, of Brooklyn; Miss Sophia F. Palmer, of Rochester, and Miss Jane Elizabeth Hitchcock, of New York, was held in the Regents' Office, Albany, Tuesday afternoon, September 15.

"All members of the board were present, also Secretary James Russell Parsons, Jr., of the Regents' Office.

"The board organized by electing Miss Palmer as president and Miss Hitchcock as secretary. Miss Palmer is editor of THE AMERICAN JOURNAL OF NURSING. Miss Hitchcock has charge of the nursing staff in the Nurses' Settlement, New York City.

"The board first considered and adopted a form of application for certificate as registered nurse. Blanks will be printed immediately. Those who desire to apply for certificates as registered nurse should ask for these blanks at the Regents' Office.

"Section 208 of the law waives the examination, on recommendation of the State Board of Examiners, of graduates, residents of the State of New York, at least twenty-one years of age and of good moral character, with diplomas from approved training-schools for nurses connected with a hospital or sanitarium giving a course of at least two years; and also of those who were in training at the time the act was passed who shall graduate hereafter; and also of those with three-years' experience in a general hospital in the practice of nursing prior to the passage of the act who shall apply in writing for such certificate within three years after the passage of the act; and, finally, any nurse of good moral character who has been engaged in the actual practice of nursing for not less than three years prior to the passage of the act who shall satisfactorily pass an examination in practical nursing within three years thereafter.

"The test in practical nursing will include both a practical demonstration and a written test involving the care of febrile cases, of patients before and after operation, of the mother and new-born babe in normal and abnormal obstetrical cases, of treatment of emergencies, and a knowledge of drugs with regard to toxicological symptoms and treatment after poisonous doses. Male nurses will be examined on genito-urinary work as a substitute for obstetrical cases.

"The practical demonstration will be conducted by a member of the Board of Examiners, who must recommend the applicant for admission to the written test. Both practical demonstration and written test will be held on the dates and at the places prescribed for Regents' examinations in the other professions,—viz., at New York, Albany, Syracuse, and Buffalo, June 21, 1904, January 24, 1905, June 20, 1905.

"As students in training-schools prior to April 27, 1903, are exempt from the full examination, it does not become necessary to prescribe the conditions for certificate with full examination for some time to come. The requirements for such certificates, therefore, will be announced later."

#### REGULAR MEETINGS

PHILADELPHIA.—The regular monthly meeting of the Alumnae Association of the Woman's Hospital of Philadelphia, Pa., was held on Wednesday, September 9, 1903. In the absence of the president the meeting was called to order by the vice-president, Miss Peters, after which the report of the treasurer was presented. Upon motion this report was accepted and ordered spread upon the minutes. The Red-Fund Committee reported that the sum in hand for this purpose amounted to seven hundred and eleven dollars and eighty-one cents. The subject of sending a delegate to the meeting in favor of a State association of nurses, to be held in Pittsburg in October next, was then taken up, and Miss Whiteley was appointed to represent the Alumnae Association at that time and place.

The meeting adjourned at five P.M.

PHILADELPHIA.—The Alumni Association of the University Hospital held its regular monthly meeting on Monday, September 7, at three P.M., in the Nurses' Home, the president in the chair. Nine nurses responded to roll-call. Greetings were received from the regular secretary, Miss Casey, who is abroad, also announcement of the marriage of one of our members. Miss Lanster was appointed delegate to the meeting of the State society in Pittsburg, October 5 and 6. The report of Miss Banksen, delegate to the Associated Alumni Convention in Boston, was most interesting and brought up several themes for discussion. After adjournment tea was served.

THE Reports of the Buffalo Congress are now to be obtained of Miss Tamar E. Healy, treasurer of the Associated Alumni, whose address is 160 Jerome Street, Brooklyn, N. Y. The price is one dollar and twenty-five cents.

ERRATA.—On page 1001 read "Dr. Lefavour." On page 990 read "13 Dimock Street."

#### MARRIAGES

On the morning of July 22, at the Church of the Nativity, South Bethlehem, Pa., Miss Clara Dorrance and Mr. Wm. Snyder, of Jersey City, were married, the rector, Dr. Gilbert H. Stirling, performing the ceremony. Miss Dorrance, Class of 1896, St. Luke's Hospital, South Bethlehem, Pa., has for the past two years been the parish nurse of this church. Her future home will be in Jersey City.

At the Little Church Around the Corner, New York City, on July 11, Miss Claire Huber and Dr. Grey, of Easton, were married. Miss Huber was graduated from St. Luke's Hospital, South Bethlehem, Pa., with the Class of 1901, and is a member of its alumni.

On July 2, at her home, 530 North Fifth Street, Allentown, Pa., Miss Katherine Kay Hume and Mr. Jacob Barnes were married. Miss Hume is a graduate of this year's class of St. Luke's Hospital, Bethlehem, Pa.

In Philadelphia, on September 10, Miss Edith D. Hardcastle, graduate of the Methodist Episcopal Hospital of Philadelphia, to Mr. John P. Kranz. Mr. and Mrs. Kranz will reside in Philadelphia.

On June 25, at Baltimore, Md., Miss Mary Clare Maguire, graduate of Baltimore City Hospital, Class of 1901, to Dr. Walter Lee Nicholls, of New Castle, Ala.

On August 5, at Cisena Park, Ill., Miss Flora Belle McMahon to Dr. Nelson Merrill. Dr. and Mrs. Merrill will live at Marshalltown, Ia.

#### OBITUARY

It was with deep regret at the June meeting that the alumni members of the University of Pennsylvania Hospital Training-School learned of the death of Mrs. F. W. Goemann, née Anna B. Wacksmuth, Class of 1897, on April 12, 1903.

Many of her associates will remember her best as night superintendent, where her untiring energy and cheerfulness aided those under her care and supervision.



**Resolved,** That as a tribute to the memory of Mrs. Goemann, and as an assurance of the esteem in which she was held by the Alumnae of the University of Pennsylvania Hospital, we tender our sympathy to the bereaved husband.

**Resolved,** That we commit to our records our expressions of love for our sister nurse.

**Resolved,** That copies be sent to THE AMERICAN JOURNAL OF NURSING and  
*The Trained Nurse.* ANNA L. SCHULZE, Secretary pro tem.

MISS MARGARET POMEROY CRAWFORD died at her home in Mifflintown, Pa., on June 27, 1903, of consumption, from which she had suffered for about one year. She was a graduate of the Class of 1898 of St. Luke's Hospital, South Bethlehem, Pa., and was engaged in private nursing in Brooklyn, N. Y., up to the time of her ill-health. She leaves many friends and associates who mourn her loss.

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## FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



### ORGANIZATION NOTES

A NEW league, or, as we should call it, alumnus society, has been formed in England, consisting of the nurses of the Leicester Infirmary.

One of the objects of this league, which is decidedly original, is to organize a Recreation Club.

The Recreation Club includes two classes of members, associates and full members. The associates have no votes in matters connected with the league, nor can they wear the badge or be entered on the register. The Recreation Club is intended to be composed of various sections, two of which, that on library and that on cycling, are already in a flourishing condition. We shall hope to hear more of this rational and cheerful league.

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### THE ROYAL BRITISH NURSES' ASSOCIATION AND REGISTRATION

At the annual meeting in June the question of State registration was actually discussed at length.

As was mentioned in a previous issue of this JOURNAL, notice had been given at an earlier meeting that Miss James intended bringing in a motion to discuss State registration, and this motion was now formally read, being as follows:

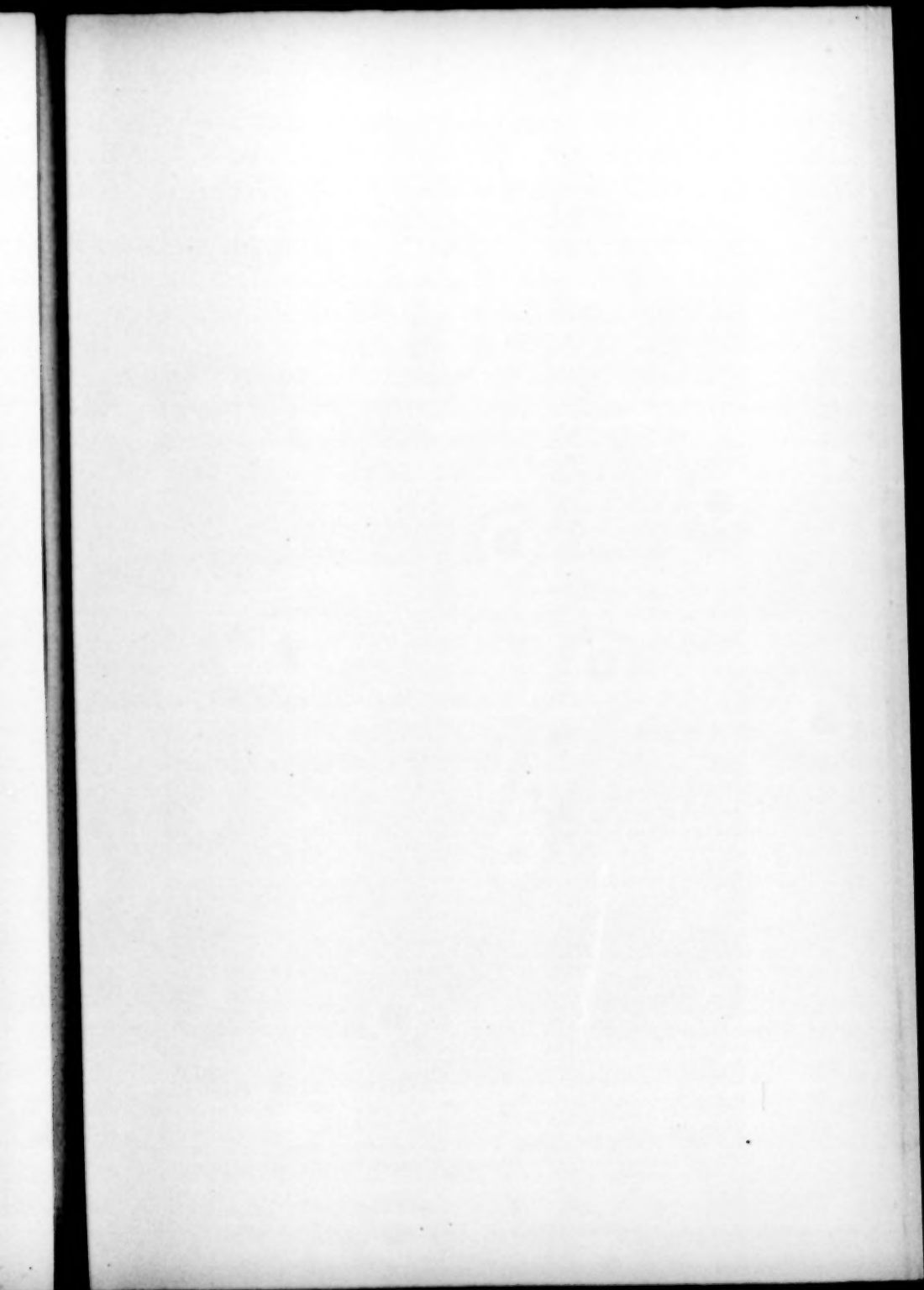
"Moved by Miss James: 'That it is desirable that the subject of State registration shall be discussed by the Royal British Nurses' Association.'"

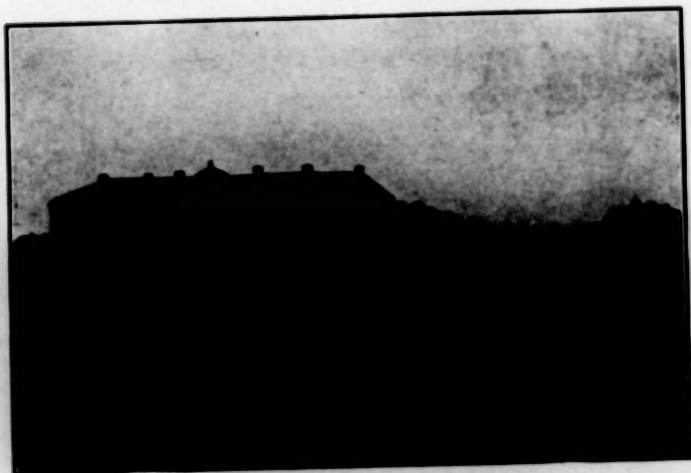
Miss James then spoke at length in favor of State license for nursing. Our Miss Catherine Wood seconded the motion and spoke strongly and sensibly, as usual, and was followed by Miss Forrest. The three arguments were strong and well made. The report gives no negative side, so that one must conclude no opposition was expressed.

We are quite sure it must have required much courage and firmness to introduce this tabooed subject, and we congratulate the nurses who did so, as, whatever may be the different views as to the desirability of State license, there can be only one opinion as to the desirability of full, open, and untrammelled discussion in nurses' associations. Why people should be afraid of one another is one of the puzzles of this puzzling world, and the special form of subtle intimidation by which one set of people can make another set of people afraid to express their opinions is one of the queerest puzzles of all.

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THE British Gynaecological Society has given its first examinations and certificates for proficiency in gynaecological nursing. This looks like a step towards State examination.





RED CROSS HOSPITAL. FRONT VIEW



RED CROSS HOSPITAL. REAR VIEW

## RED CROSS ORGANIZATION IN JAPAN

THROUGH the kindness of the secretary of the Japanese legation we have received an attractively printed and beautifully illustrated pamphlet describing the work of the Red Cross Society, which is wonderfully well organized in Japan.

A map accompanying the pamphlet shows that local societies are dotted completely over the empire, almost every town of any size having one.

Like the Red Cross Societies of Europe, the organization is under the direct patronage and guidance of the Emperor and members of the royal family. The different officials in authority are chosen by the government from military men and civilians of rank, and the methods of western countries in all details are closely followed, or, even, improved upon. The society has a hospital, which, to translate rather loosely from the pamphlet, which is written in French, is the only one of the kind in the extreme East, and is one of the glories not only of the society, but of Japan.

It was the work primarily of one man, Baron Hasimoto, general medical inspector, who at the time when Japan was about to enter the Convention of Geneva was charged with the special mission of studying Red Cross work in Europe, and who upon his return to Japan published a book called "The Red Cross," in which he strongly urged the necessity of establishing a hospital for the society in which medical men could obtain service and where the nurses of the society might be trained.

His project was approved, and a suitable site selected at Tokio, where the projected building was publicly dedicated by the Emperor in 1886, two days after Japan had entered into the Geneva Convention. The work of the hospital was to be: to give instruction to the staff required for first aid and nursing; to be ready as a reserve hospital in time of war; to take patients from the people at ordinary times, some being pay and others free patients. The work of building was carried on so well that the building was completed in two-years' time.

The hospital is constructed with a central administration building, with nine pavilions connected by corridors. These corridors in time of war could easily be transformed into wards, as could also the large lecture-room now used for the instruction of pupils.

Since the war with China the system of instruction of nurses has been greatly extended and remodelled, and several new buildings have been added for this reason.

The training of women nurses was begun in 1890; of men nurses, after the war with China.

Besides being always ready for war, the hospital also offers its resources in all times of public calamity, such as, for instance, the earthquake at Akita.

The society includes in its plan the instruction of high-class women of the laity in elementary nursing and first aid. Upon this point the report says: "If it be asked, 'Why instruct women of the aristocracy in the art of caring for the sick and wounded?' It is certain that most of these women cannot give regular service in the hospitals, and even if they do work there, sometimes their work is of no special value" to this we reply that the society does not adopt this plan for the purpose of securing a greater number of nurses, but does it to elevate the profession of nursing to a higher social plane. Everything else is secondary. In Europe and America there are Sisters of Charity who set the pattern for lay nurses, and as the former are esteemed, so also are the latter. In Japan there is nothing of the kind, and we have had to demonstrate the value of professional

nurses, and that their devotion contributes to the realization of the idea, 'Obligation to country and aid to the soldiers.'

With this idea, then, an association of women of high rank was formed, who met two or three times a month and studied the elements of nursing under a medical chief, who arranged a special text-book for their use. More than a hundred ladies of the nobility took this course.

This frank and simple explanation of the Japanese report will make perfectly plain and clear to American nurses the attitude of Miss Clara Barton and the methods of the Red Cross in this country, of which she is president, which so bewildered and annoyed them at the time of the Spanish-American War, when society women and all sorts of laity were hurriedly called together, given what was called "first aid" instructions, and sent hither and yon as "Red Cross Nurses." Well-trained nurses who held their hospital diplomas could not understand this, but a little history explains it. The Red Cross Societies of the Old World are purely aristocratic organizations, and all their methods are adapted to a society where patronage and royal approval are everything, and where the status of all working-women is very low indeed in the social scale and needs to be propped up by artificial aid. As nurses were found to be necessary for the army, it became necessary to dignify their work by casting about it a halo of fashionable interest.

Miss Barton was trained in the Red Cross work of foreign countries, and, great as her life work has been, and revered as she must always be, she has always retained the methods of Old-World monarchies in her Red Cross work, not realizing that they did not fit in this country, with its independent army of trained nurses. Here the work of the nurse does not need the patronage of the society woman; rather was the latter, when posing as a "Red Cross Nurse," looked down upon by the nurse, and rightly so.

But to return to our Japanese report: Besides their own instruction, these ladies did much to encourage the nurses.

On the formation of every new class, or whenever a nurse was promoted, one of the Princesses of the royal family was present and said some kind and encouraging words. Other members were charged with supervision over the moral standards of the nurses. Others gave prizes to nurses who had specially distinguished themselves.

The nurses live in the hospital, and in matters of discipline and conduct are supervised by the committee of ladies. Their technical instruction is given by the doctors of the hospital. The requirements for admission and the rules of discipline are about like those of the best European hospitals of similar character; the course of study is three years, the first half of which is filled principally with technical study, practical work being only accessory.

The last eighteen months are given entirely to practical work.

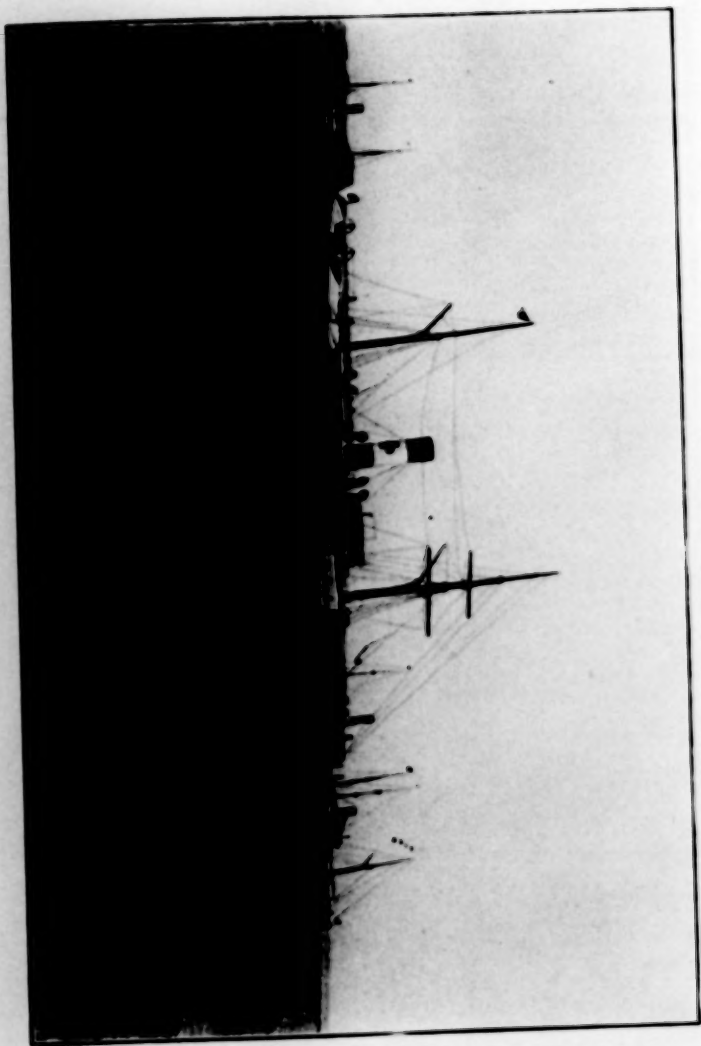
The nurses on the reserve list bind themselves to a fifteen-years' service, if necessary, or to answer the calls of the society during this period, and these nurses are given a two-weeks' period of instruction yearly. Nurses on the reserve list who are guilty of serious misconduct are removed from the list, their diplomas taken from them, and the reason for their discharge published.

At the end of the year 1898 the society had one hundred and ninety-five pupil nurses, of which ninety had obtained a diploma.

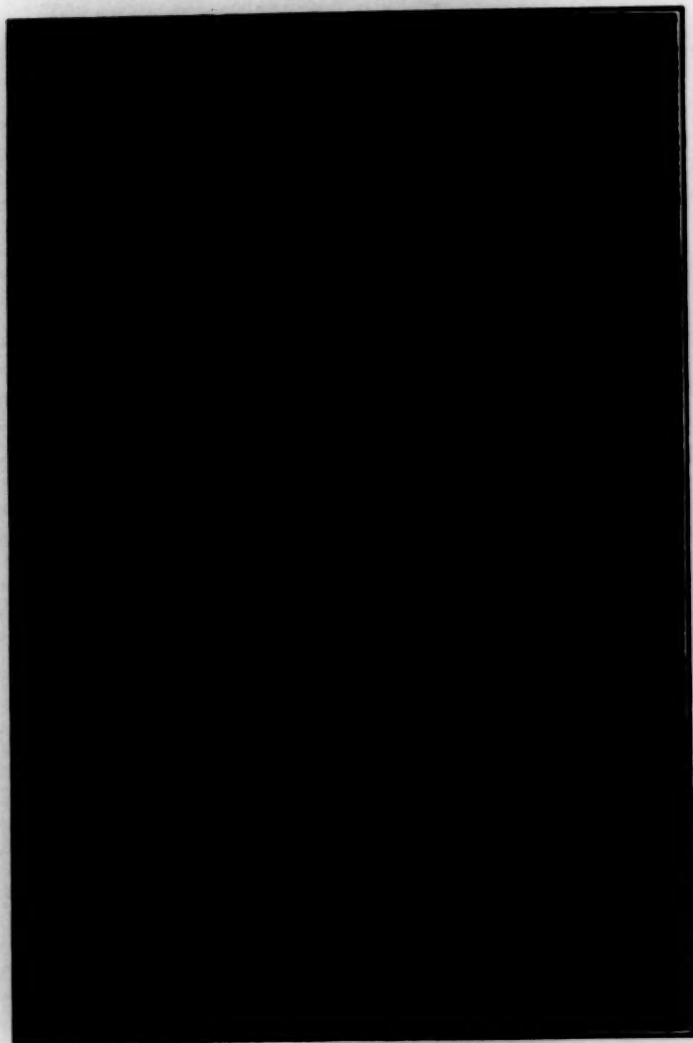
Since that time the service has been enlarged by a system provided for teacher-nurses to go into smaller places and instruct nurses in affiliated hospitals, and by a system providing for private duty.



HOSPITAL SHIP OF THE RED CROSS OF JAPAN



MEMBERS OF THE WOMEN'S AUXILIARY MAKING BANDAGES





LANERN SLIDE PICTURES USED BY THE RED CROSS



LANTERN SLIDE PICTURES USED BY THE RED CROSS

The nurses are now drawn from excellent families and are deeply respected, no longer only because of aristocratic support, but because of their own merits and capability. We have often heard from Miss Richards and others of the charm, refinement, and dainty perfection of the Japanese nurse. This Red Cross report shows that they have now become indispensable in hospital work, and their success and prestige must give an impetus to the whole movement among women for a definite place in the world's work.

The Red Cross Society of Japan gives lectures in the various towns for the purpose of arousing public interest. These are illustrated by lantern slides, and it is interesting to read that the picture of Florence Nightingale is always thrown upon the canvas.

### LETTERS

#### AMSTERDAM, HOLLAND.

The photographs of the Wilhelmina Gasthuis which have appeared in the JOURNAL do not convey an adequate impression of this very beautiful hospital. I made my first visit there the other day, and remembering that it had trees in front of it in the photograph, I looked about for trees and open space upon alighting from a car at some little distance. What at first sight seemed to be a beautiful park turned out to be the hospital grounds, in which the buildings, on the isolated pavilion plan, stand separately, but each as part of a symmetrical design.

Like the great general hospital at Eppendorf, it seemed more like a beautiful small city and less like an institution than our hospitals. The grounds are so spacious, the trees, shrubbery, and lawns so luxuriant and well planned, that the buildings only open to sight one by one as the tour of the grounds is made. The Pennsylvania Hospital in Philadelphia is more like it in this respect than any other I remember at home. Others, like the Johns Hopkins and Boston City, have fine, large grounds, but landscape gardening has not there produced this charming, park-like setting of each pavilion.

One detail which particularly struck me was the placing of the mortuary. It stood in a retired and unobtrusive position, completely sheltered with green, and the approach to it, which was winding, was hidden between two hedges of shrubbery high above a man's head. The whole impression was one of quiet reverence.

To carry the meals and supplies a little railway runs through each road or path, on which a small handcar with closed compartments travels.

The nurses, of course, must go through wind and weather when these are bad, but this is more than compensated for by the paths to duty between leaves and flowers and open sky through most of the year. How much more refreshing than marble corridors and tiled underground passages!

The buildings are beautiful architecturally and in color. The characteristic Dutch lines of roof are preserved. The hospital is quite new, the corner-stone having been laid only ten years ago by the young Wilhelmina, and all its appliances, ventilation, etc., are modern.

On a distant portion of the grounds stands the remains of an ancient building which was a plague hospital in the early part of the fifteenth century. This, to my regret, I did not see, as rain, which is too plentiful in Holland, had flooded the approach to it. The old building is now a picturesque ruin.

There are between six and seven hundred beds and every kind of service,—medical, surgical, gynecological, obstetrical, mental, contagious, children's and sick infants', men's and women's wards,—so that the nurses in their three-years' course must certainly get an excellent training.

Oddly enough, in this hospital the maids wear caps and the nurses wear none. It would be, apparently, a loss of dignity for the nurses to wear caps. The uniform is dark blue with the white apron with shoulder-straps. The nurses who have passed their third-year's examination are distinguished by a white brooch in the form of the Maltese cross. Save this one article there is no difference between the dress of the head nurses and juniors. It seemed to me that, like some of the English hospitals, there was in these wards a sort of homely cheerfulness which our severely aseptic wards at home often lack. Each ward had many green plants, and here and there some patient had her canary-bird in its cage. An upright piano stands in the middle of the long wards, and when one of the nurses plays or sings there is music for the patients in the quiet hours.

The nurses' hours are longer,—eleven in a day,—but the staff in a ward is large, and I am sure they do their work in a more unhurried way than we. The proportion of nurses to a ward, counting those only who are actually doing up the patients, not those in diet kitchen and operating-room work or head nurse, is about one to four patients.

I saw an arrangement for keeping patients raised off of the bed which was new to me, and it may be so to some others. There were, first, attached to the bed slender iron uprights and side-pieces, like the skeleton of a bed. This was all adjustable, and to the side-pieces were hooked, with eyelet-holes and tapes, the firmly made ends of broad bands of fine canvas, which passed under the patient's body from side to side and which, when made taut, raised him from the bed as much or little as desired, this being regulated by a turning crank and pulley. The bed itself was made in the usual way, and a large water-pillow covered all the part below the patient's buttocks and spine. Large, soft pads of cotton were laid between his body and the supporting bands, and he had plenty of pillows. In this position the patient, who had previously suffered excruciating pain, lay suspended in an easy curve which could be altered by loosening or tightening the fastenings at the side, and which afforded him complete relief, as well as entirely preventing bed-sores and allowing the most perfect cleanliness to be maintained.

After the three-years' course is completed the nurses here may, as in so many foreign hospitals, remain in the service of the hospital on a moderate salary as long as they desire or are desirable. I cannot but think this an admirable arrangement which might well be adopted in American hospitals, lessening the number of new probationers every year and giving a feeling of more permanency and steadiness. If a nurse loses her health in the hospital service even after two-years' work, she receives a pension from the city, for the Wilhelmina is a municipal hospital. This is not enough to live on, but enough to pay for lodging and, probably, clothing.

Nurses who desire private duty may work independently, or they may join the Association of the White Cross, which gives them a fixed salary and provides them with cases,—but not with a home,—or they may join a coöperative association, through which they obtain cases and receive practically their earnings,—also living at their own expense.

A successful private-duty nurse can with regular work earn what corresponds



to four hundred and eighty to six hundred dollars a year. Living expenses are less than with us, yet not enough so as to make this equal to the salary of the American.

There is an excellent district nursing association in Amsterdam, which I hope to visit later.

L. L. D.

## ITEMS

### REGISTERED NURSES' SOCIETY

THE ninth annual report of the Registered Nurses' Society in London gives some interesting figures by which to compare the relative earnings of nurses in England and America. The Registered Nurses' Society, it will be remembered by those who were at the Buffalo Congress, conducts an exclusive registry for its members, all of whom must possess a high grade of professional qualifications, and who, consequently, may be assumed to represent the best-paid element in English nursing. The members of the society receive all of their own earnings, from which they deduct simply the expenses of their business office.

The report gives the average weekly sum earned as two pounds nine shillings, which in American money is just about twelve dollars, perhaps a few cents more or less. This is just about half the average weekly earnings of a trained nurse in the large cities of America, and three dollars less than the average of fifteen dollars a week which is the general rule in small towns. Then, if one were to select a group of nurses in one of our large cities, representing a carefully chosen class of nurses, such as the Registered Nurses' Society represents,—let us say the New York Hospital Nurses' Registry,—it would quite certainly be found that, as these nurses by the advantage of their position are able generally to command incomes of from twenty-eight to thirty-five dollars a week, a weekly average made up from the statistics of such a registry would show a higher level than twenty-four dollars. It may therefore be safely assumed that, taking nurses of the same professional grade, the American is paid something more than twice the sum which the English nurse receives at private duty.

Of course, the cost of living must always be considered in estimating the value of wages. Living is less expensive in England, on the whole, yet we doubt whether it is exactly *half less*, than in America, and in order to equalize the incomes it would have to be just half, or a little less than half, what it is here.

Work is also rather less strenuous in England, and English nurses work for a longer period of years than the American. Yet in fifteen years of private duty a successful nurse can save more than an equally successful one in England could save in nearly twice the number of working years.

All these things considered, one cannot wonder that America is looked on as a favorable spot for work.

DR. ANNA HAMILTON, who is doing so much to educate the public authorities in France on questions of hospital nursing, does not approve of attempting to train nurses in hospitals where medical students are taught. She considers that the presence of medical students in wards is a serious obstacle to the establishment of schools for nurses of desirable character, as for years past the students have been accustomed to look upon nurses as persons for whom they need feel no respect.

For this reason she advocates the creation of training-schools for nurses on a

modern pattern in hospitals unconnected with universities, as offering superior advantages to the pupil nurse, and says that where there is the university connection there should be strict disciplinary measures to insure good behavior of the students towards the nursing staff.

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A RECENT number of *Unter dem roten Kreuz* gives the names of the directors of the Training-School for Superintendents of Nursing in Munich, which we have mentioned in a previous issue. The school is under the direction of the Red Cross Society, and nurses wishing to enter must, among other things, show two-years' experience as sister or head nurse of a ward. If accepted, they must either promise to give two-years' service in one of the Red Cross hospitals or else to pay the cost of the course of teaching.

Fräulein von Wallmenich, a trained Red Cross sister, is on the directors' board.



## CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE  
SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING  
SEPTEMBER 22, 1903.

BRACHER, LOUISE P., formerly on duty at Fort Bayard, N. M., discharged.

Brill, Selma, formerly on duty at the First Reserve Hospital, Manila, P. I., discharged in Manila to be married.

Dones, Mrs. Ella B., graduate of the Cincinnati Hospital Training School, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Dwyer, Katherine, assigned to permanent duty at the First Reserve Hospital, Manila.

Hanson, Bernice E., assigned to permanent duty at the First Reserve Hospital, Manila.

Kennedy, Emma L., sick at General Hospital, Presidio, San Francisco, Cal., under orders for discharge.

McDonald, Mary D., assigned to permanent duty at the First Reserve Hospital, Manila.

McInnes, Agnes, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Mann, Emily P., on duty at Base Hospital, Iloilo, P. I., under orders for transfer to the United States for duty.

Mason, Edith A., under orders for transfer from the General Hospital, Presidio, San Francisco, to the Philippines on first available transport.

Mouser, Gretta B., under orders for transfer from the General Hospital, Presidio, San Francisco, to the Philippines on first available transport.

O'Brien, Helen Grace, graduate of Province Hospital, Washington, D. C., appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Riordan, Marie A., assigned to permanent duty at the First Reserve Hospital, Manila.

Roblfs, Louise, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

Rourke, Louise R., formerly on duty at General Hospital, Presidio, San Francisco, discharged.

Ruble, Minnie H., recently on duty at the General Hospital, Presidio, San Francisco, discharged.

Thomas, Elizabeth D., reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Thompson, Ida L., transferred from the Base Hospital, Iloilo, to the First Reserve, Manila, P. I.

Underwood, Eleanor, transferred from the First Reserve Hospital, Manila, to the Base Hospital, Iloilo, P. I.

Verdin, Clara A., graduate of the Cincinnati Hospital Training-School, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Wolfe, Effie, reappointed and assigned to duty at the General Hospital, Presidio, San Francisco.

Woodward, Jessie H., formerly on duty at the Convalescent Hospital, Corregidor Island, P. I., discharged to be married.

Ziegler, Barbara, graduate of the German Hospital, New York City, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.



## LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: I have been much interested in the letters of "Orange" in reference to establishing a fund for nurses who are incapacitated.

It certainly behooves us not only to establish a fund on *good business principles*, but to encourage the young nurse just starting out to put away for a rainy day.

In connection with this I would suggest insurance on the endowment plan. There are several substantial companies where one can put away a stated sum every year and at the end of ten or twenty years have something to depend upon. "God helps those who help themselves." I meet nurses who have told me they have been doing private work for ten or fifteen years and have never saved anything—never even thought it necessary. Now if they had taken out a policy, they would have managed to pay that before any other debt and would reap the benefit when they most needed it. It is because these suggestions were never made to me that I never thought of it, else now I would be some hundreds of dollars better off. Saving becomes a habit as well as spending.

It seems to me that superintendents of training-schools could encourage thrift by allowing some agents from reputable companies to talk with nurses on insurance. I know of one superintendent who did this with the result that quite a number of nurses took out policies on the endowment plan. Look at our most successful business men. Most of them carry heavy insurance, showing they think it a good investment.

Some, I know, will say, "Oh! I put money in the bank." But how frequently it is taken out on the smallest provocation. The bank may fail, but your policy is safe and cannot be seized for debt. In other words, you are protected against yourself.

I know this does not cover the whole question of dependent nurses, but for the nurses of the future it might mean independence.

Another matter comes up. Why should not the insurance agency appeal to nurses who desire to take up a means of livelihood other than nursing? They might do work among nurses with benefit to themselves and their customers.

It seems to me it would be better than to have graduate nurses giving instruction to ladies (who don't need it) in how to take care of the sick, as we read of occasionally. Or, as in the *Ladies' Home Journal*, teaching so-called nursing.

FLEUR-DE-LIS.

WATERLOO, QUEBEC, CANADA, September 17, 1903.

DEAR EDITOR: I have noted with much regret the statement in the last number of the JOURNAL that there are still a large number of unsold copies of the "Transactions of the Nursing Congress" held at Buffalo in 1901. I have not your JOURNAL by me at the moment, but if memory serves me aright these "Transac-

tions" were ordered to be published by the various societies represented at the congress, who thus tacitly guaranteed to purchase the copies either as societies or individuals. The publication of these "Transactions" was placed in the hands of a committee, who, by the way, deserve high commendation for the way in which they performed their task, and who certainly would hardly have ventured upon their own responsibility to run the risk of incurring a large indebtedness to be met by the association.

I cannot help thinking that this is a matter which is deserving of the most careful consideration, not only of each alumni association, but of the superintendents of our training-schools, inasmuch as both societies were represented at the congress. An obligation assumed is none the less an obligation because no written promises or guarantees accompany it. There is another view of the matter, however, and to present it briefly is my purpose in writing to you. These "Transactions" are the carefully prepared records of one of the most noteworthy events which has ever taken place in the nursing world. The gathering together there of nurses from all parts of America and from foreign countries, women grown gray in the service, to whose arduous labors the profession owes its status to-day, was not only an interesting but a memorable occasion, which those who had the good fortune to be present will never forget. The writer, debarred from that privilege, treasures as the one tangible evidence of this great event her volume of "Transactions," and refers to it constantly. It would be hard to find any volumes of more interest and value to nurses than the records of our first Nursing Congress in Chicago in 1893, the International Congress in London in 1899, and the recent records of the Congress in Buffalo. They are history, and as such ought to be in every nurse's library. The latest volume is of convenient size and comparatively inexpensive. It is so interesting and so useful for information and reference that it is hard to understand how any nurse, watchful of the progress of her profession and interested in its welfare, can consent to be without it.

As it may not be generally known through whom these books may be obtained, I venture to suggest that a brief notice in the pages of this JOURNAL, giving this information and adding the cost of book and transportation, may be helpful to those (and I hope they may be many) desiring to purchase. Trusting I have not trespassed too greatly on your valuable space, believe me,

Yours faithfully,

M. A. NUTTING.

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[*Letters to the Editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—Ed.*]





## EDITOR'S MISCELLANY



THE subject of the training of nurses is being so generally commented upon in different magazines as well as medical journals that we purpose printing in this department clippings bearing upon the subject, both favorable and unfavorable to nursing interests, that our readers may be kept in touch with the trend of public opinion upon this subject. We shall not always comment upon such articles, believing that our readers are competent to separate the "wheat from the chaff" without assistance from the editor.

**THE QUESTION OF THE HOUR.**—When should the education of a nurse begin? The question is at present engaging considerable attention, and several hospitals—the Royal Infirmary, Glasgow, the London, and Guy's—have made experiments in preliminary courses, which can now be no longer considered tentative, but have in each case been found of proved benefit to pupil and institution alike.

But, though a step in the right direction, it is impossible that a few weeks' special instruction prior to entering the wards of a hospital for practical work are all that is necessary if the best results are to be attained. Heads of training-schools still complain of the overwhelming and increasing amount of instruction to be crowded into the three-years' course, and pupils, bewildered with theoretical instruction, with the novel domestic work, and the responsible duties in relation to the sick which are required of them, not unfrequently break down under the strain, and the probability is greatest in precisely those pupils whom it is most desirable to retain, namely, those of conscientious, sensitive, and finely balanced temperament. Who is to blame? So long as the majority of training-schools demand little or no evidence of general education they cannot be wholly exonerated from responsibility. The direct result of this lack of any educational standard in the nursing world is that girls of bright intelligence and good education gravitate to the professions of medicine and teaching, to the Civil Service, to secretarial and other similar work, while for the member of a family who shows no conspicuous ability for any particular walk in life the nursing world is considered to afford a promising opening. So superintendents of training-schools are on all sides complaining that the quality of the "raw material" which is available for training is deteriorating, with the result that the finished product is deteriorating also.

But it is not the nurse-training schools which are primarily to blame. To place the responsibility on the right shoulders we must go farther back, that is, to the time when the embryo pupil-nurse is still at school.

How many parents take the education of their girls seriously? Thanks to the efforts of educationalists, more than to the demands of parents, many high schools for girls now afford cheap and excellent educational facilities. But, still, the education a girl receives is determined more by the exigencies of a local examination and the decision of the head mistress as to how many and which subjects she must take up in order to be able to obtain a sufficient number of marks to come out in an honor class, and so bring credit upon her teacher, than by any thought of her subsequent career.

In the case of a boy, on the contrary, by the time he is fourteen or fifteen it is necessary that he should decide on a profession, and subsequently his studies are directed accordingly.

It is just this direction which would be of the utmost value to a girl and which is almost wholly lacking; consequently, as a rule diligently, but more or less aimlessly, she pursues her studies until the age of seventeen or eighteen, when she is supposed to be "finished," and if she is not compelled to earn her living she returns home, when, if she does not happen to be of a studious turn of mind and to keep up a habit of reading, she speedily forgets much of the limited amount of knowledge she has acquired.

It is an extraordinary fact that many parents, while they would consider themselves falling short of their parental duty if they did not equip their sons for the battle of life by educating them to earn their own living, feel no such responsibility with regard to their daughters. Yet, setting aside the fact that most women when they arrive at adult life are happier in a sphere of their own, if parents consider the future seriously at all they must realize that nowadays it is essential for most girls to have a means of livelihood. The parents who can settle on their daughters a sufficient sum to bring them in an income of at least one hundred and twenty to one hundred and fifty pounds per annum are comparatively few; in most cases all the available capital has gone in the education of the boys. But if they cannot do this, then it is essential that the girls should go out into the world to earn their own living if they are not to be condemned to penury in middle life and old age. It is no use their attempting to make a living then. The struggle is hard enough for expert workers; the labor market has no place for untrained middle-aged women.

There is, of course, another alternative, namely, marriage. It looms large in the horizon of most parents in their calculations with regard to their daughters, and is responsible for much of their apparent irresponsibility with regard to the future of girls. Marriage is natural and right; they say.

Granted that a happy marriage, both for men and women, is desirable, it is surely unwise to base so important a decision as that of a girl's future on her chances of matrimony. Besides, it does not need elaborate calculations to know that, in this country at least, for many women matrimony is an impossibility. Moreover, which is the more likely to make a success of marriage—the girl who has a profession at her back, and who therefore seriously considers the step she is taking before giving up a life full of interests and happiness, or the one who has been taught to look forward to matrimony as the one means of providing herself with an assured income?

Until women place marriage on the same plane as men as an influence in determining their career, so long shall we have girls accepting their first offer of marriage as the lesser choice of evils, and the inevitable result in many cases will be unhappiness.

Putting marriage, then, out of the question for the time being, and assuming that a girl has an inclination towards nursing, how can her education be directed so as to be of use to her subsequently? By all means let it include one or more foreign languages. To the private nurse nowadays French is a valuable asset. Then rudimentary Latin will also be of great use to her. She is required, as a nurse, to be able to read the patients' head-boards intelligently; and the directions as to prescriptions, though they may not be couched in classical terms, are still in Latin. Anatomy, physiology, hygiene, economics as they affect the com-

munity, and bacteriology may also with advantage be included in her studies. Do you say that this is too much to require of her, and that you like your girl to be practical? Then, oh mother! see to it that she can turn out a room, that she knows how to handle a broom, to keep glass and china dainty and bright, and that she can cook an appetizing meal. None of these accomplishments, as a rule, does the daughter of the domestic woman possess. They all have to be taught her in the time which should be devoted to special training. See to it, moreover, that she is expert with her needle. The modern girl, as a rule, is not. Yet she must be deft-handed if she is to pad splints properly, to prepare the many dressings now required in hospitals, and to keep ward linen in good order. In short, give her a thoroughly practical education, and when she enters a nurse-training school she will be able to profit to the full by the professional education she receives, and go on to higher things. Is it too much to hope that, if she aspire to the superintendence of a large nurse-training school, in days to come she will need a university degree as well as a teacher's diploma? Training-schools for nurses are essentially educational centres, and all the prizes in the educational world are held by women having a university degree or its equivalent. If the authorities of our great nurse-training schools let it be known that, other things being equal, candidates for the post of matron holding a university degree would have precedence, they would not only eliminate many candidates from a lengthy list, but would also obtain a woman of culture—surely a great desideratum—as their superintendent of nursing, and, further, they would place their nursing-school on its rightful plane, namely, on the educational one.—MARGARET BREAY, in *British Journal of Nursing*.

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*To the Editor of Charities:*

During the past year a number of different private hospitals of the city have been reported as in great financial straits, due largely to the increased cost of supplies and the considerable expense incident to the installation of modern hospital appliances. It is stated in this connection that the second largest item in the expense of a modern hospital is the cost of training nurses, as under the present arrangement in most public and private hospitals a nurse in training receives maintenance and a pittance of from eight to fifteen dollars per month for clothing, books, and incidentals. In view of the increased number of applications for admission to the best training-schools in the city, the better remuneration paid nurses in private practice at the present time, and the financial condition of the hospitals, it would seem timely to consider whether any saving might be effected in the cost of the nurses' training-schools without impairing the standing and efficiency of these schools. If the small allowance given each nurse for incidentals could be dispensed with, the total saving to a training-school of seventy-five nurses would be from seven thousand to eight thousand dollars per year.

If this argument from economy were the only one in favor of this proposition, the wisdom of the change would be exceedingly doubtful, but it is also urged that this change would place the training-schools on the footing of an educational rather than a charitable institution, and would have the effect of raising the standard of the school and increasing the independence of the students. Now that nursing is recognized as a profession and attracts women who sometimes have either means or social position or both, it is possible that the small monthly stipend could be dispensed with in most instances. There would probably be a

few women in each school giving evidence of ability to do good work as nurses who would need the present honorarium, but these cases might perhaps be provided for through scholarships given by individuals or the school, as is the custom in educational institutions.

The proposition advanced for discussion, then, is this: (a) to regard the training-schools for nurses as educational institutions primarily, giving professional instruction, which, like that of our colleges and universities, is to be paid for by the recipient, although it cannot be calculated accurately in terms of money, and (b) to abolish all features which savor of the charitable attitude towards those availing themselves of the educational opportunities offered by these schools.

WILLIAM B. BUCK.

NURSING AS A PROFESSION.—In our issue of July 2 reference was made to the movement which is now well under way of providing further preliminary training for those who intend to take up the work of nursing. With this movement, as we then implied, has naturally come a tendency on the part of the leaders in the work of nursing and others to claim for their calling a distinct place as a profession. We suggested that it seemed to us questionable whether nursing, as ordinarily understood, could be placed in the category of the liberal professions, but implied that in the nature of its work it was rather to be regarded simply as a "calling." This question must sooner or later be definitely answered. If nursing is to be regarded as a liberal profession, it must naturally claim the privileges which go with this designation, the most natural of which is to advance very far beyond the stage which it has as yet attained.

In this connection we are glad to call attention to a letter on this subject which appeared in our issue of July 16, in which the writer took the position that nursing from its very nature could not be regarded as a liberal profession. He alluded to the fact that the essence of a profession is progress, and that the work of nursing does not permit of such development. We are inclined to agree wholly with this view of the question. While perfectly willing to grant that it is altogether probable that a class of persons will arise from the ranks of nurses who will occupy some sort of a middle position between the physician and his patient, we nevertheless are strongly of the opinion that these persons will not be nurses and will not represent the plain drudgery of nursing, as is at present the case.

A man of much acumen, himself a physician, once remarked to us that the future of medical practice would probably be that physicians would become consultants and that nurses would become essentially practising physicians. That we are still far from this state of affairs is apparent; nevertheless, there are many things pointing in the direction of the progress of nurses beyond the limits of their chosen calling into those which have heretofore been regarded as the domain of the physician. We are not inclined to regard this by any means as an unmitigated evil. On the contrary, it seems probable to us that many of the procedures which the physician in the past regarded as his prerogative may be as well, if not better, done by a carefully trained person of wide experience, whether man or woman, but what we do claim is that this function goes quite beyond our conception of nursing, which, as we understand it, is simply and solely to take care of the physical and mental wants of the sick under the direct supervision of a physician.

The present state of affairs is certainly in a measure due to the attitude of the profession itself. It has been shown that women trained as nurses are capable

of taking medical responsibility, and physicians have not been slow to lay such responsibilities upon them. The natural and inevitable result of this has been that nurses have looked beyond the details of their work, and have been allowed to believe that nursing requires a semi-medical education. We are not in the least attempting to criticise this point of view, but we are convinced that it is desirable to face the facts as they are, and possibly to speculate regarding the future to which the present tendencies are likely to lead. We are sufficiently optimistic to think that on the whole the elevation of women who still regard themselves as nurses will be of general utility; but we are strongly opposed to the idea that the term "nursing" may still be used to designate this class of persons, and that nursing, as now understood, may be regarded as a profession. This does not deny that it may grow into a profession which will then have a far closer analogy to medical practice than to our possibly somewhat old-fashioned idea of nursing as such.—*Editorial Comment, Boston Medical and Surgical Journal.*

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**REGISTRATION OF NURSES.**—Registration of nurses is being strongly advocated in Great Britain, but, with true British conservatism, the matter is not to be pushed with any undue haste. The question will be considered in all its bearings before any definite decision is arrived at. However, there is no doubt that the sentiment of the medical profession, of the nurses themselves, and of that portion of the general public which interests itself in the subject is in favor of the registration of nurses. The supplement to the *Hospital*, June 27, has an article treating of the training and registration of nurses, the greater part of which is devoted to a somewhat sharp criticism of the futility of legislation in connection with registering nurses that has up to the present obtained in the United States. The article reads as follows: "It is the fashion of those who write and speak most about the registration of nurses to point with scorn to the present state of affairs in England, and to laud the introduction of legislation for the registration of nurses in the United States. Now our American cousins lay down in their registration bills 'That nothing shall in any manner whatever curtail or abridge the right and privilege of any person to pursue the vocation of a nurse, whether trained or untrained.'" (Carolina.) This clause clearly reveals the spirit in which such legislation is enacted in the United States. An agitation is gotten up to secure an act on a particular matter, which is duly passed but never enforced, for the simple reason that no machinery for its enforcement is set up or probably desired. There is no utility in an act of legislature unless that act is so drawn as to define clearly the purposes aimed at, and to secure the provision of funds and an adequate and properly constituted authority to insure its enforcement. When passed, none of the American registration bills fulfil these essential conditions, and for all practical purposes they might just as well have no existence." These strictures are to some extent justified by the facts of the case. In but few States has an attempt even been made to guarantee the efficiency of nurses by compelling them to offer evidence that they have had a sufficient period of training and to undergo a test examination. In those States in which efforts have been made to adopt such a course and to introduce bills providing for the registration of nurses unexpected opposition has been developed against their passage. The Illinois bill was vetoed by the Governor. The good effects of the Carolina bill were nullified by the clause referred to in the *Hospital* supplement, and in no State but New York has a bill been passed likely in any way to improve



the status of the nurse. The New York bill, although by no means an ideal one, is an advance movement, for it provides a system of registry for regularly trained nurses who shall have passed a satisfactory examination before a Board of Examiners appointed by the Regents of the University of New York. Nurses passed by the board will each receive a license as registered nurse and may attach R. N. to their names, as may also nurses already qualified by long service. The writer in the *Hospital* supplement also falls foul of the length of time considered sufficient for the training of a nurse in the American acts—i.e., two years. He does not think two years enough, but wants an ideal of at least three-years' training and with a minimum age of twenty-five years for the holder of a license. It is an obvious truth that nurses should be thoroughly qualified for the work that falls to their lot. The only way to reach such an end is that they should give evidence that they have been well trained, and should pass an examination before they are permitted to act as nurses. It would be manifestly to the benefit of all concerned if every State were to pass bills for the registration of nurses embodying these principles. The status of nurse at the present time is ill-defined, and the whole question of nursing is in an unsatisfactory condition.—*Editorial Comment, Medical Record.*

*To the Editor of the Medical Record:*

SIR: The so-called "professional nurses" have been making strong endeavors in different States, with some success, for direct professional registration in the laws of the land and State registration on the same or similar lines to those accorded to the medical profession. That this is a justifiable move is beyond question. It should guarantee to the public a means of distinguishing between the trustworthy and competent person and the contrary by separating the graduated from the non-graduated nurse. The guarantee, however, is by no means infallible. Some "training-schools for nurses" are still too much "trade schools," even as there are still too many such among our medical schools. The question at issue is, How much fundamental knowledge should a professional trained nurse have? By fundamental is meant scientific knowledge, fundamental acquaintance with the "theories" of the work and the "reason why" of his or her acts. That a man or woman can be trained or drilled to be reliable in work, and yet know little or nothing of the science of it, even as a soldier can be drilled in his duties and still know nothing of the science of war, is not only self-evident, but practically even more than the present training-schools have generally attained to. A writer on this subject has recently claimed that the trained nurse should be competent to make every clinical test of urine, blood, or diseased product. That can be done, even as an engineer can be taught to run a locomotive and yet know nothing of the science of mechanics. Another question is, Who should decide on the standard of education of the professional nurses—the nurse organizations, the faculties or managers of the training-schools, or the medical profession? It would seem that this question should be entirely in the hands of the medical profession. If the physicians and surgeons do not know what is required of the nurse, who does? As to the "faculties" of training-schools, their opinions are not worth much where those schools are sort of independent institutions, having hospital connections, but not a part of great public hospitals. The training-schools are more or less like the medical. Too many of them are of a semi-private nature, for the "good" of those directly interested, the public and the student-nurses being consistently and persistently exploited for that "good" and little else.



The organizations of professional nurses, like many a medical society, have also the same weakness. They are liable to get under the control of ambitious persons who desire to shine before the public. What is worse, these "leaders" are saturated with a "will-o'-the-wisp" idealism which is pure moonshine, shadowed by intellectual cloudiness.

To return to that fundamental question—Does the professional nurse require a more or less profound education in the scientific bases of medicine in connection with an exact training in practical routine? If so, how much, and where is the nurse to get that scientific instruction? Certainly not in any of the existing training-schools as now organized. The "probation course" of two, three, or six months, or even a year, generally demanded is of little or no use except to obtain a very general idea of the student's fitness, physical more than mental. It is largely comparable to the "one-year's reading with some practitioner," now traditional, that formerly prevailed in our medical education. If the medical profession and public service require scientifically educated nurses, then that education must and should be given in institutions entirely free from any hospital connections, and should be free. In other words, the respective States should establish a State normal or preparatory school for nurses where these fundamentals and all laboratory drilling should be taught. The term should be of two-years' duration, with three months' vacation between the first and second year. Graduated students should then be apportioned out to the respective public hospitals and institutions for another term of two years. Finally, on receiving a certificate of competency from the hospital the student-nurses should be examined by a State board, registered, and given their diploma of competency. While private or semi-public (endowed) hospitals might have the privilege of employing uncertified attendants, they should be strictly forbidden issuing any certificates indicating any kind of proficiency to any such employes, and if requiring "professional" nurses should be obliged to apply to the State Board of Registration for them. Complaints as to unfitness or improper conduct of registered nurses should be made to the State Board of Registration, which should have the power to place the nurse on "probation," or withdraw a certificate altogether in warranted cases.—MEDICUS, in *Medical Record*.



THE ALUMNE ASSOCIATION OF THE TORONTO GENERAL HOSPITAL TRAINING-SCHOOL FOR NURSES.—Conforming with the expressed wishes of many of the members that the association should adopt a distinctive emblem and embody the same in a brooch-pin, the special committee appointed, after availing itself of the best authorities, decided to adopt the pomegranate, with the motto "Ut prosim," as best expressing the ideals of the nursing profession.

The pomegranate since early days has been used in medicine and is also emblematical of good works. With the motto "Ut prosim" ("That I may be of service") the design is particularly appropriate for a nurses' association.

This brooch is made of solid gold and carmine red enamel representing a half section of the pomegranate, the seeds of the fruit showing in pearls. The motto is engraved on the two crossed leaves at the base. A slight idea of its appearance may be gathered from the design above.

**DR. KOHLER'S OPINION.**—At the Jewish Chautauqua Summer Assembly Dr. Kohler maintained that it was Jewish law which made charity a human obligation. He also spoke of the meritorious work done by the Christian Church in developing charitable institutions. He considered that charity has ceased to be the mere outpouring of altruistic sentiment; it tended more and more to be a recognition of mutual interest and mutual responsibility. Personal service, personal care for, and personal interest in, the poor ever remained the *leitmotif* of Jewish charity, which combined tender compassion with wise provision and helpfulness.

The Jew, so long as he is healthy, is, as a rule, self-supporting and does not apply for assistance from charity organization societies. On the other hand, illness, real and occasionally imaginary, often compels him to seek relief from charity. Among the disease conditions which are frequently operative in reducing the Jew to dependency are to be mentioned the various forms of functional neuroses, the sequela of an acute disease, such as pneumonia, typhoid, rheumatism, etc., which leave the patient in a debilitated condition, so that he is unable to support himself for a few weeks, and often months, of convalescence. Consumption is a cause of dependency which demands the greatest attention on the part of charity organizations, particularly from the standpoint of prevention.

The speakers, all of whom were physicians, pointed out that the question was not altogether a medical one, that the diseases which resulted were in many instances due to the economic condition of the people, and they could only be cured with the improvement of the economic life.—*Charities*.

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KNOWING how often nurses find themselves in country places far from furnaces and running water, hot or cold, I felt I must send my latest experience on hot-water supplies to the *Alumnæ Magazine*.

In this shooting-box there is but one stove, the kitchen range; the rest of the house is heated with large, open wood-fires; no bathroom, we bathe in tin basins before our fires, and it is real luxury too.

We have an endless supply of boiling water by very simple means and a minimum of trouble.

Close to each fireplace is an earthenware churn holding about five gallons. It is kept filled with water, and as the fire burns all day, the water is not merely hot, but boiling. I fill hot-water bags, keep milk or broth hot by setting the sauce-pan into the top of the churn and putting the cover of the jar on the pan, the stone lid being heavy enough to keep the pan in the water.

When water is taken out the jar is at once replenished from a can of cold water kept for that purpose.

They can be put very close to the fire without danger of breaking. Long, narrow jars, such as the churns used here, are best for obvious reasons, but any crock usually found in country houses will do equally well.

At this moment the water is bubbling in my jar and the steam singing like a kettle.—A. Y. IRVINE, in *Johns Hopkins Alumnæ Magazine*.

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**FIRST WINTER SCHOOL IN PHILANTHROPY.**—A winter course in philanthropy for professional and volunteer workers in institutions and charitable societies has been announced by the Committee on Philanthropic Education of the New York Charity Organization Society, coöperating with the Association for Improving

the Condition of the Poor, the United Hebrew Charities, the St. Vincent de Paul Society, and other organizations. Mrs. Anna Garlin Spencer will be director. Sessions lasting from October to April will be held in the United Charities Building at Fourth Avenue and Twenty-second Street. . . . The winter course will be held in the evenings and will be so arranged that it may be taken by those who are actively engaged in practical charitable work. It is devised to meet the needs of volunteer non-professional workers quite as much as those of visitors, agents, matrons, and teachers in societies and institutions.

The Charities Directory will serve as a text-book of the course. A thorough study of the philanthropic resources of the city, public and private, will be made, and prominent speakers will discuss such topics as the care of dependent children, reformatories, probation and parole, the prevention of disease, and the management of institutions. Special attention will be given to the direction of reading and personal research and there will be regular hours for consultation with the director and lecturers.

Unlike the Summer School, this course will be directed especially to the needs of those who are to work in the city of New York, and those who are granted a certificate at the end of the course will be required to show a practical familiarity with the charitable agencies of the city, and to be in other respects prepared to enter either upon the care and treatment of needy families in their homes, or upon work in institutions according as they have enrolled in the first or second section of the school.

An outline of the course and the requirements for admission may be obtained by addressing the director, Mrs. Anna Garlin Spencer, 105 East Twenty-second Street.



## EDITORIAL COMMENT



### FAULTS OF CHARACTER MORE THAN TRAINING

MISS ANNA A. DAVIDSON, in her two papers in which she deals with the little things in nursing that make for failure or success, has shown commendable courage in attacking a subject that is more often discussed by the public than by nurses with one another. Every word that Miss Davidson has written is true, and coming from one of our own members we may look for the cause without feeling that irritation and annoyance that is naturally aroused when our faults are pointed out to us by someone outside of the family.

We reprint in the "Miscellany" a paper entitled "The Question of the Hour" by Miss Margaret Breay, one of the editorial staff of the *British Journal of Nursing*, who writes upon the defects in the home education of girls, as bearing upon the training of nurses. We think the deficiencies that Miss Davidson criticises are more the faults of character than of training, combined with the defects in the education of girls which Miss Breay makes so plain.

Such conditions prevail quite as generally among certain classes in America as in England. The great middle class, which gives to the country the men who make the "backbone of the nation," turns out rather a poorly educated type of women from which to make nurses, and it is from this class that nurses are very largely drawn.

Some wise man has said, "Give me the training of a boy until he is ten, and after that the world may have him."

No woman of experience in the work will contest our assertion that the character of the woman is formed before she enters the training-school. Those moral qualities upon which depend habits of truth, sincerity, stability of purpose, of unselfishness, and consideration and thoughtfulness for others that are to go with the girl through life have been instilled into the very fibre of her being before she leaves the common school, and in just the proportion that there has been fixed a basis to build upon the discipline of the hospital life develops her character. Environment, routine, and the example of others may for a time cover up certain defects of heart and mind, but upon just the lines that her character was moulded in her girlhood she will continue to walk after she leaves the discipline and protection of the hospital.

During the three years in which she has to be taught the thousand and one things that are now necessary for a nurse to know the training-school cannot hope to entirely overcome the faults of the twenty-two years of home training that have gone before.

Heedlessness, thoughtlessness, and carelessness are faults of character, and in a woman who has chosen nursing as a life-work are unpardonable, but these are the faults, in a great measure, of the women of the age in which we live.

The remedy is a part of what we commonly call the woman question, of which the nursing problem is but a unit. With broader education and experience women, like men, will in greater numbers grow stronger in those qualities that stand for character, and in just the ratio that the home develops its girls upon sound lines

of moral responsibility, in just that proportion will the nursing profession send into the home the kind of nurses that it is now demanding.

Nurses, from the nature of their work, are thrown more sharply into public view than any other class of working-women. Life, suffering, and death are the most sacred of all human problems. A woman who does not carry in her heart an appreciation of what suffering means, both mental and physical, can never hope to satisfy her patients in those little personal things that make for failure or success.

#### MORE NEWS ITEMS

GRADUALLY during the past year we have encroached upon the space allotted to news items to make room for what has often seemed more important material, but we shall hereafter, at the request of many readers, add to our pages of "Hospital Items" and to the "Miscellany," making mention more fully in the latter department of work along other lines that touches the work or life of the nurse, and giving extracts in brief from such publications as give space to such subjects. We shall be especially glad of contributions to this department or authentic "clippings" endorsed by the sender.

#### THE FOURTH-YEAR ANNOUNCEMENT

THE AMERICAN JOURNAL OF NURSING is entering upon its fourth year with promises of continued prosperity, and with the intention and expectation of making this year's numbers more interesting than any of those preceding. Among the papers that will be given in the near future will be an article on "Training-Schools in Insane Hospitals," written by the pioneer, Miss Linda Richards, who for a number of years has been giving the benefit of her great experience to this class of work. Miss M. A. Nutting, of the Johns Hopkins Hospital, is preparing a paper on "Devices for Comfort in the Care of Rheumatic Patients." Miss L. L. Drown has promised a description of the "Summer Tent Service at the Boston City Hospital," and we are also to have a paper on the out-door work of the Children's Hospital, in which Boston has worked out a most complete system of caring for its discharged children wearing braces and casts.

Miss Elizabeth Campbell Gordon, of Toronto, whose article on typhoid attracted so much favorable comment, will contribute a series of papers on emergency work. From her position as superintendent of an Emergency Hospital she is able to give most instructive information, and she has a charm of style as a writer that will make her papers interesting.

Miss Jeannette D. MacDonald will describe the duties of the quarantine nurse at Angel Island, Cal. This is a new field for nurses, and her paper will be looked for with much interest. Miss S. H. Cabaniss, Johns Hopkins Hospital, at the head of the Nurses' Settlement at Richmond, will write on the "Medical Attitude from the Nurse's Standpoint." Miss Jessie McCallam, Johns Hopkins Hospital, assistant at the Post-Graduate Hospital, New York, will give a paper on "Little Devices for Comfort." Miss Ruth Brewster Sherman, Johns Hopkins Hospital, has several papers in preparation. Miss Mary Moss, whose masterly paper, "The Evolution of the Trained Nurse," was published in the *Atlantic Monthly* for May last, sends a sketch of a visit to the leper colony in Jamaica. Miss Moss is not a trained nurse, but she is wonderfully in sympathy with nursing interests.

Miss Mary J. Reynolds, New York City Training-School, has a paper on



"Nursing in Typhoid." There will be occasional medical papers, written by physicians, but preferred space is given always to contributions from nurses.

Miss Annie Damer, of Buffalo, will write upon the reorganization of the Nurses' Associated Alumnae, with special reference to the changes in the by-laws that are to be made next year. Miss Damer is one of our best parliamentarians, and her recommendations are sure to be based upon good business principles and wise common-sense.

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#### IMPORTANT MEETINGS IN PITTSBURG

WITH October organization work begins, and the first important meeting is that of the Pennsylvania State Nurses' Association, to be held at Hotel Schenley, Pittsburg, Pa., on Monday and Tuesday, October 5, 6. The programme given in another column shows that the Committee of Arrangements are making every effort to render the sessions both profitable and entertaining.

We claim the privilege of giving to the nurses of the outlying districts in the State a word of advice: Do not wait until the hardest of the work is done before you move or show your interest. The most exciting place in this procession is to ride in the band-wagon. You want to be there. It is the influence of the nurses from the small towns and country districts that will pass your bill. This is a matter that concerns the State of Pennsylvania, not any one city or any exclusive group of people. There must be leaders, but the leaders can do nothing without followers and supporters, and in every remote corner of the State they must have lieutenants, trustworthy and loyal, to move quickly and intelligently at a given signal. You cannot be in touch with this great movement without attending the meetings, and you will never regret any effort or sacrifice that it may cost you to be present.

Do not stop to ask, "What good is this all going to do me?" be satisfied that someone who is to follow you will reap the benefit.

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#### CONGRESS REPORTS

We neglected in our comment on the Buffalo Congress Report in the last number to mention that these reports are now in the hands of Miss Tamar E. Healy, 160 Joralemon Street, Brooklyn, and that the cost is one dollar and twenty-five cents each. By the prompt purchase of the books now in Miss Healy's keeping the Alumnae Association will be relieved of an embarrassing debt. Every alumnae association can at least present a volume to its training-school library.

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#### THE SUPERINTENDENTS' CONVENTION

FOLLOWING the Pennsylvania State Nurses, the American Society of Superintendents of Training-Schools for Nurses convenes on Wednesday at the same place—Hotel Schenley, Pittsburg—for a three-days' session. The only formidable thing about this society is its name. The members are all friends, the membership, compared with the alumnae and State associations, being small, and the personal element enters into the occasion in a manner that lends great charm. Old friends are meeting and new friends are being made, while all discuss those problems peculiar to the work in which they are engaged.



There promises to be an unusually large attendance of the older members this year, and the programme offers great inducements to every member to be present. The meeting coming so early in the month, we hope to be able to publish the secretary's report and some of the papers in the November JOURNAL.

CHANGE OF DATE

We call especial attention to the date of the Superintendents' meeting—October 7, 8, 9, Hotel Schenley, Pittsburg, Pa.

NEW YORK STATE

At the last annual meeting of the New York State Nurses' Association, held in Albany in April, an amendment to the by-laws changed the meetings from quarterly to semiannually, and on the third Tuesday, the twentieth, of October the first semiannual meeting will be held in the Academy of Medicine, New York City.

The Board of Nurse Examiners having held its first meeting with the College Committee of the Regents of the University on September 15, the report of this board will be looked for with great interest. Something more in detail of what registration is actually to mean in New York State will be expected, and undoubtedly by that time definite lines will have been agreed upon.

This year New York has it, the president, secretary, treasurer, and chairman of the Committee on Credentials being all residents of that city. The attendance should be large, and up-State members should make it a point to be present. With the passage of the bill the work of registration is only just begun, and to continue to do effective work nurses all over the State must keep in close touch and sympathy.

MAKE APPLICATION NOW—REGISTRATION BEGINS IN NEW YORK STATE

We publish in the department of Official Reports the announcement issued from the Regents' Office, Albany, of the organization of the Nurse Board of Examiners, and we wish to impress upon the nurses of the State the importance of applying at an early date for the application blanks. The clerical work which the execution of the new law will involve in the Regents' Office will be great, and there are questions of finances and service which cannot be determined until the secretary has some idea of the number of applications that will have to be considered.

Let it be clearly understood once more that nurses in good standing, holding a diploma from an approved school for nurses giving at least a two-years' course, applying within three years, will be granted a certificate of registration by the Regents of the University without taking an examination, provided they comply with all of the conditions set forth in the application blank, and it will facilitate the work for the Regents' Office, and also of the Board of Examiners, to have the registration of these graduates gotten through with as quickly as possible.

The method of procedure is very simple. Send a letter to James Russell Parsons, Jr., secretary, Regents' Office, Albany, N. Y., asking for application blank for the registration of nurses. Be quite sure the letter is dated, that the name is plainly written, that the address gives street number, city or town and county, and comply with every condition called for before returning the blank to Mr. Parsons at the Regents' Office. Then wait patiently for results and watch the pages of this

**JOURNAL** for information in regard to the progress of the work of registration. It stands to reason that if two thousand nurses apply the work will be comparatively easy, but if, as we are told, there are eight thousand nurses in New York City alone, it may take the entire three years to get through the list.

Make application now. The blanks are ready and there is nothing to be gained by delay.

#### INSTRUCTION TO PRACTICAL NURSES

THE instruction to practical nurses is made quite plain in the official announcement. The practical demonstration is intended to show the applicants' manual dexterity in performing certain duties, without which any amount of theoretical knowledge is valueless in a nurse, but as the first of these examinations will not be until June, we will give more detailed information in a later number. Nurses intending to take the examination in practical nursing should apply for the blank in the same way as that prescribed for the graduates. The Regents' Office needs to know at an early date how many nurses will come up for this examination in June.

#### NOT COMPULSORY

REGISTRATION is not compulsory. If a nurse does not care to register, she can practise nursing just as she has always done, but the use of the title "R. N." will in time be the distinguishing mark between the nurse who is trained and the one who is not trained, and by applying now no examination is necessary for graduates in good standing to secure the right to use the title.

#### MISS BARNARD RESIGNS

WE regret to announce the resignation from our staff of collaborators of Miss Helena Barnard, Johns Hopkins Hospital, who is living, as she says, "out of touch" with nursing interests, and is consequently unable to take that active place in the **JOURNAL** work which she feels the position calls for. Miss Barnard has been and will continue to be one of the **JOURNAL**'s warmest friends and promoters, and we hope at some future day to place her name again in our pages.

